

**COMPLETE HISTORY & PHYSICAL**

T. \_\_\_\_\_ BP: \_\_\_\_\_ Wt \_\_\_\_\_

SpO<sub>2</sub> \_\_\_\_\_ Current Pain? \_\_\_\_\_

Allergies: \_\_\_\_\_

Non Drug Allergies \_\_\_\_\_

Chief Complaint:

History of Present Illness:

PMH: \_\_\_\_\_

PSH: \_\_\_\_\_

Review of Systems:

HEENT: \_\_\_\_\_

CV \_\_\_\_\_

Pulmonary: \_\_\_\_\_

Renal/GU: \_\_\_\_\_

GI: \_\_\_\_\_

Neurologic: \_\_\_\_\_

**COMPLETE HISTORY & PHYSICAL**

Physical Exam

Hematologic / bleeding disorders: \_\_\_\_\_

Endocrine: \_\_\_\_\_

HABITS:     ETOH     IVDU     Tobacco     Other Drugs: \_\_\_\_\_

Current Meds: \_\_\_\_\_

\_\_\_\_\_

HEENT: \_\_\_\_\_

\_\_\_\_\_

Pulmonary: \_\_\_\_\_

\_\_\_\_\_

Cardiovascular (murmurs) \_\_\_\_\_

GI: \_\_\_\_\_

\_\_\_\_\_

Neurologic: \_\_\_\_\_

\_\_\_\_\_

Extremities: \_\_\_\_\_

\_\_\_\_\_

**DIAGNOSTIC INFORMATION:**

Pertinent Labs (include pregnancy if childbearing age): \_\_\_\_\_

\_\_\_\_\_

Vascular Studies: \_\_\_\_\_

\_\_\_\_\_

EKG (Other pertinent cardiac studies): \_\_\_\_\_

\_\_\_\_\_

CXR (Any pertinent pulmonary studies): \_\_\_\_\_

\_\_\_\_\_

Assessment: \_\_\_\_\_

\_\_\_\_\_

Plan: \_\_\_\_\_

\_\_\_\_\_

Physician/NP/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Validation Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_