

## HISTORY & PHYSICAL (SHORT FORM)

Page 1 of 1

PROPOSED SURGERY/PROCEDURE:

SURGICAL/PROCEDURAL INDICATIONS AND PRESENT ILLNESS:

DIAGNOSIS:

RELEVANT PAST HISTORY:  Non-contributory

ALLERGIES:  NONE

CURRENT DRUGS:

### Review of Systems (Recent History)

Neg		Relevant History	Neg		Relevant History
	General:			GU:	
	EENT:			MUSCULOSKELETAL:	
	RESP:			NEURO:	
	CV:			PSYCH:	
	GI:			OTHER:	

Blood Pressure	Temp	Pulse	Resp
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If not performed by physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature and Title

### Physical Exam

	Within Normal Limits	Significant Physical Findings:
Heart	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Airway	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
Examination relative to Surgery / Procedure:		
<input type="checkbox"/> Reviewed and verified history as reported above		

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Form can be used ONLY for Ambulatory, non-inpatient, or Other Procedures requiring and H&P or a 7 day H&P update.

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