

History & Physical

Patient Information

Patient Name: _____ DOB: _____ MRN: _____ Room: _____ Date: _____

Sex: _____ Age: _____ Date of Admission: _____ Race: Black Caucasian Asian Hispanic Other

Hospital Day #: _____

History

Chief Complaint: _____

HPI: _____

PMH: _____

Past Surgical History: _____

Medications: _____

Allergies: _____

Social History: _____

Family History: _____

Sexual History: _____

ROS:

- Cardiovascular: Chest Pain Ankle Swelling Palpitations
- Respiratory: Cough Haemoptysis Wheezing SOB
- Gastrointestinal: Abdominal Pain Weight Loss Dysphagia Nausea/Emesis Black Stool Bloody Stool Changes in Bowel Habits
- Genitourinary: Blood in Urine Incontinence Urgency Frequency Decreased Stream
- Musculoskeletal: Joint Pain Joint Swelling Muscle Pain Back Pain
- Hem/Onc: Fever Chills Sweats Weight Loss New Masses or Lumps
- Skin: Hair Loss Rashes Sores Itching Changes in Color
- Neurological: Loss of Consciousness Seizure Numbness Weakness Dizziness Headaches

Physical Exam

Vitals: BP: _____ HR: _____ T: _____ RR: _____ Oxygen Saturation: _____

General: _____

Cardiovascular: _____

Pulmonary: _____

Abdominal: _____

Genitourinary: _____

Musculoskeletal: _____

Skin: _____

Neurological: _____

Psychiatric: _____

