

Name: _____
DOB: _____ Age: _____ Sex: _____
Acct#: _____ Religion: _____
MR#: _____
Attending MD: _____
Admitted on: _____

Diagnosis/Procedure: _____

HPI /Procedure Indication

Past Medical History

Allergies and reactions: _____

Family History

- None CAD Hypertension Diabetes
 Clotting disorder Anesthesia reaction Other _____

Social History

- Smoking Alcohol Substances, other Comments _____

Review of Systems

- Constitutional Integumentary ENT Respiratory Cardiac
 GI Genito-urinary Musculoskeletal Neurological Behavioral Other
 Negative for all

Describe any positives:

Medications and Doses: SEE MEDICATION RECONCILIATION FORM

Laboratory

*** 1HP ***

3HP

Imaging

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Physical Exam

Age: ____ Sex: ____ Hgt.: ____ in. Wt.: ____ kg BP: ____ HR.: ____ RR.: ____ T: ____ °F			
	Normal	Abnormal	Comments
Skin			
HEENT			
Chest/Lungs			
Heart			
Abdomen			
G/U			
Extremities			
Neurologic/ Psychological			

Impression:

Plan:

	#					
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Signature **Phys Number** **Month** **Day** **Year** **Time**