PATIENT HISTORY & PHYSICAL

CHIEF COMPLAINT:							
HISTORY OF PRESENT ILLNESS:							
MEDICAL HISTORY							
SURGICAL:							
MEDICAL:							
ALLERGIES:							
MEDICATIONS:							
FAMILY HISTORY:					SOCIAL HISTORY:		
REVIEW OF SYSTEMS: [NEGATIVE] [POSITIVE] for _____							
PHYSICAL EXAMINATION							
TEMP:	BP:	HR:	RESP:	SA O2%:	HT:	WT:	SEX: [M] [F]
** ADDRESS EACH BOX AS APPORPRIATE					COMMENTS		
☐ **GENERAL APPEARANCE:** WNWD, NAD							
☐ **H.E.E.N.T:** NCAT/EOM/PERRL/NL Mucosa							
☐ **HEART:** RRR/ No M, R, G							
☐ **LUNGS:** Clear Bilaterally							
☐ **ABDOMEN:** Normal BS, No Distension/Tympany, Non tender, No masses, No guarding							
☐ **NERVOUS SYSTEM:** CN II – CN XII Grossly intact							
☐ **MUSCULOSKELETAL:** No significant deformity							
☐ **PSYCHOLOGICAL:** Alert & Oriented x 3							
☐ **BREAST/PELVIC/RECTAL:** (Deferred)							
☐ N/A LABS, XRAY:							
IMPRESSION:					PLAN:		
COMMENTS:							

☐ The patient is cleared for surgery in an ambulatory setting		LABEL
PRINT PHYSICIAN'S NAME:	**DATE:**	NAME: _____
		DOB: _____
PHYSICIAN'S SIGNATURE	**DATE:**	

ARNP & PA – MUST BE COSIGNED BY THEIR SUPERVISING PHYSICIAN