



ADMITTING PHYSICIAN: _____ DATE OF ADMISSION: _____ H & P Dictated ☐

CHIEF COMPLAINT: _____

History of Present Problem / Illness: _____

Pertinent Past Medical History: _____

Pertinent Family History: _____

Pertinent Social History: _____

Previous Surgeries / Illness: _____

Review of Systems: _____

Allergies: _____

Bleeding Dyscrasia: _____

Lab: _____

X-Ray: _____

EKG: _____

Other: _____

PHYSICAL EXAMINATION

Date and Place of Exam: _____ ☐ Office ☐ _____

Vitals: _____ General: _____

	Normal	See Detailed Notes	Significant Findings
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
NECK	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHEST/LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEART	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
NEUROLOGICAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
GU	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other: _____

Impression: _____

Plan: _____

Signature

EHR User ID

Date Time

Patient Identification:

659 (05/23/22)