



ADULT HISTORY & PHYSICAL EXAMINATION

Admission date: \_\_\_\_\_

Exam date: \_\_\_\_\_

Chief Complaint/Proposed Procedure: \_\_\_\_\_

History of Present Illness: \_\_\_\_\_

Past Medical/Surgical Hx: \_\_\_\_\_ Allergies: \_\_\_\_\_

Social History: \_\_\_\_\_ Medications: \_\_\_\_\_

Family History: \_\_\_\_\_

Functional Inquiry System

Comment: \_\_\_\_\_

- Constitutional  Negative
HEENT  Negative
Cardiovascular  Negative
Respiratory  Negative
Gastrointestinal  Negative
Genitourinary  Negative
Neurological  Negative
Psychiatric  Negative
Musculoskeletal  Negative
Endocrine  Negative
Skin  Negative
Hematologic  Negative
Immunologic  Negative

Multiple horizontal lines for entering comments.

(Medical Staff Records)



Physical Exam:

B/P R:	B/P L:	Pulse:	Resp:	Temp:	Height:	Weight:
--------	--------	--------	-------	-------	---------	---------

		Comments
<b>General</b>	<input type="checkbox"/> Well developed & well nourished <input type="checkbox"/> No acute distress	
<b>HEENT</b>	<input type="checkbox"/> PERRLA <input type="checkbox"/> Hearing non-impaired <input type="checkbox"/> Oral mucosa moist, no cyanosis	
<b>Neck</b>	<input type="checkbox"/> No jugular vein distention <input type="checkbox"/> Normal thyroid <input type="checkbox"/> No masses or adenopathy	
<b>Cardiovascular</b>	<input type="checkbox"/> Regular rate & rhythm <input type="checkbox"/> All pulses normal, equal & synchronous <input type="checkbox"/> S1 S2 normal <input type="checkbox"/> No bruits <input type="checkbox"/> Normal PMI	
<b>Respiratory</b>	<input type="checkbox"/> No rales, rhonchi or wheezing <input type="checkbox"/> No use of accessory muscles	
<b>Abdomen</b>	<input type="checkbox"/> No masses or tenderness <input type="checkbox"/> Bowel sound active <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> Rectal exam normal (if applicable)	
<b>Genitourinary</b>	<input type="checkbox"/> Normal external exam <input type="checkbox"/> Normal internal exam (if applicable)	
<b>Skin/Musculoskeletal</b>	<input type="checkbox"/> No edema <input type="checkbox"/> No muscle atrophy <input type="checkbox"/> No rashes, ulcers or skin lesions <input type="checkbox"/> No joint abnormality	
<b>CNS/Neuro</b>	<input type="checkbox"/> Cranial nerves intact <input type="checkbox"/> Deep tendon reflexes 2+ bilaterally	
<b>Mental Status</b>	<input type="checkbox"/> Alert & oriented x3 <input type="checkbox"/> No disturbance of affect	

**Impressions:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Plan:** \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complete the following information if updating an H&P that was completed within the last 30 days.

I have examined this patient, reviewed the H&P, and there are:

- no changes to the patient's condition since the H&P was completed.
- the following updates to the H&P: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_