



HISTORY AND PHYSICAL

Name: _____ DOB: _____ Age: _____

Chief Complaint:

History of present illness:

PMHx:

Family History:

Allergies:

Surgical Hx:

Physical Findings:

BP: _____ Temp: _____ Pulse: _____ Resp: _____ Wt: _____ BMI: _____

Head: _____

Neck: _____

Chest: _____

Cardio-Vascular: _____

Abdominal: _____

Genito-Urinary: _____

Skin: _____

Bones and Joints: _____

Glandular: _____

Neuromuscular: _____

Current Diagnosis:

PATIENT INFORMED MEDICAL CONDITION: YES NO

If "NO" Reason: _____

Attending Physician Signature: _____ Date: _____