



HP

HISTORY AND PHYSICAL
(Short Stay – Less than 48 hours)

Instruction:

To be completed by physician within no more than 30 days of surgery date. Detail problems in associated area.

HISTORY

Chief Complaint	
History of Present Illness	
Past Medical and Surgical History	
Allergies	
Medications	
Psychosocial Assessment	

PHYSICAL EXAMINATION

Pulse:	Blood pressure:	Temperature:	Respiratory rate:	Pain level (0 - 10):
General				
Head and Neck	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Heart and Lungs	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Abdomen	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Rectal and/or Pelvic Examination	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Extremities	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Neurological Examination	<input type="checkbox"/> Reviewed and normal <input type="checkbox"/> Deferred			
Other Pertinent Physical Findings				
Diagnosis/ Impression				
Initial Plan of Care				

Pregnancy and lactation status:

Physician Signature/Title _____ Print Name or ID# _____ Date / / Time : :