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PHYSICAL EXAMINATION MEDICAL HISTORY RECORD

PATIENT IDENTIFICATION

DATE:	TIME:

1. CHIEF COMPLAINT:
   REASON ADMITTED:

2. PRESENT ILLNESS:
   CO-EXISTING DIAGNOSIS:

3. PAST HISTORY /:
   PRIOR TREATMENT

4. FAMILY HISTORY

5. MEDICATION REACTIONS: ☐ NO ☐ YES (If "YES", list):

6. KNOWN ALLERGIES: ☐ NO ☐ YES (If "YES", list):

7. CURRENT MEDICATIONS & DOSAGES:

8. SOCIAL HISTORY

9. PAIN HISTORY ACUTE PAIN ☐ NO ☐ YES CHRONIC PAIN ☐ NO ☐ YES
   (Include location; intensity [0-10 Pain Scale]; quality [Patient's own words]; onset; aggravating factors; alleviating factors)

10. VACCINATION HISTORY INFLUENZA: ☐ NO ☐ YES - Date _____ PNEUMOVAX: ☐ NO ☐ YES - Date _____

	NEG	POS	(**Explain positive findings** Items may be identified by number)
11. SKIN			
12. HEAD & ENT			
13. EYES			
14. METABOLIC			
15. RESPIRATORY			
16. CARDIAC			
17. VASCULAR			
18. G.I.			
19. G.U.			
20. GYN / C8			
21. MUSCULOSKELETAL			
22. NEUROLOGICAL			
23. NEUROPSYCHIATRIC			

- continued on back -

(Use extra Progress Notes if necessary. Label "MEDICAL HISTORY" or "PHYSICAL EXAMINATION")

PART OF THE MEDICAL RECORD

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PHYSICAL EXAMINATION

PATIENT IDENTIFICATION

LMP:	HT:	WT:	BMI:	B/P:	TEMP:	PULSE:	RESP:

1. GENERAL APPEARANCE / FRAILTY:

DISTRESS ACUTENESS SEVERITY

2. MENTAL STATUS / ALERT:

DEPENDANT / ANXIOUS

	NEG	POS
3. NECK / HEAD		
4. E.E.N.T.		
5. HEART		
6. LUNGS		
7. BREASTS		
8. ABDOMEN		
9. RECTAL		
10. GENITALIA		
11. MUSCULOSKELETAL		
12. VASCULAR-PULSES		
13. NEUROLOGICAL		
14. SKIN		
15. LYMPHATICS		
16. LABORATORY		

(**Explain positive findings** Items may be identified by number)

INPATIENT ADMISSIONS ONLY

PROBLEM LIST

DIFFERENTIAL PLAN

MANAGEMENT PLAN

COUNSELING

TOBACCO / SMOKING ☐ N/A ☐ YES

ETOH ☐ N/A ☐ YES

DRUGS ☐ N/A ☐ YES

PRINT NAME: M.D.	SIGNATURE: M.D.

PART OF THE MEDICAL RECORD