



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:
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		Comments
General	<input type="checkbox"/> Well developed & well nourished <input type="checkbox"/> No acute distress	
HEENT	<input type="checkbox"/> PERRLA <input type="checkbox"/> Hearing non-impaired <input type="checkbox"/> Oral mucosa moist, no cyanosis	
Neck	<input type="checkbox"/> No jugular vein distention <input type="checkbox"/> Normal thyroid <input type="checkbox"/> No masses or adenopathy	
Cardiovascular	<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	
Respiratory	<input type="checkbox"/> No rales, rhonchi or wheezing <input type="checkbox"/> No use of accessory muscles	
Abdomen	<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)	
Genitourinary	<input type="checkbox"/> Normal external exam <input type="checkbox"/> Normal internal exam (if applicable)	
Skin/Musculoskeletal	<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	
CNS/Neuro	<input type="checkbox"/> Cranial nerves intact <input type="checkbox"/> Deep tendon reflexes 2+ bilaterally	
Mental Status	<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: _____