

# HISTORY AND PHYSICAL

Dictation ID # \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (Reaction): \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SURGICAL HISTORY : \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY HISTORY: \_\_\_\_\_

\_\_\_\_\_

SOCIAL HISTORY: \_\_\_\_\_

REVIEW OF SYSTEMS: \_\_\_\_\_

Wt Change \_\_\_\_\_

HEENT \_\_\_\_\_ SKIN \_\_\_\_\_

Pulmonary \_\_\_\_\_ Cardiac \_\_\_\_\_

Gastrointestinal \_\_\_\_\_ Reproductive \_\_\_\_\_

Genitourinary \_\_\_\_\_ Psych/Neuro \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Endocrine \_\_\_\_\_

\_\_\_\_\_  
DATE                      TIME

\_\_\_\_\_  
PHYSICIAN SIGNATURE



Addressograph/Patient Label

# HISTORY AND PHYSICAL

VS: Temp:

BP:

PULSE:

Resp:

SpO2:

History of Present Illness:

General Appearance

Skin

HEENT

Mouth / Teeth

Neck

Lungs

Cardiac

Breasts

Abdomen

GU/Rectal

Extremities

Neurological

LAB/XR/EKG:

CODE STATUS (circle one):

ASSESSMENT:

1      2      3

1.

2.

3.

4.

5.

PLAN:

DATE

TIME

PHYSICIAN SIGNATURE



AHH-OR-006

Addressograph/Patient Label