

INITIAL HISTORY AND PHYSICAL

Date: ___/___/___

Referring Physician: _____

Name: _____

Occupation: _____

Height: _____ Weight: _____

Allergies: _____

Medications: _____

Chief Complaint: _____

Age: _____

Blood Pressure: _____

Pulse: _____

HPI: _____

PMH: Cardiac, Lung, Liver, Renal, GI, Glandular, Rheumatoid, Lupus, HTN, DM, Cancer, Gout, Alzh, Transfusion, Hepatitis, Pancreatitis, Parkinson _____

PSH: Appy, Tonsil, Chole, Hernia, CABG, CEA, TKA, Cyst _____

Social History: Alcohol _____ Smoking _____ Married _____ Children _____

Family History: _____

PHYSICAL EXAM:

HEENT: AT/NC, PERRLA, EOM's I, sclera non-icteric no D/C, no masses, neck supple, oabnl _____

Chest: CTA-B, RRR no MRG, abnl _____

ABD: ND/NT, no masses, nl BS, _____

CVS: UE pulse 2 + abnl _____

SKIN: intact, abnl _____

UE: _____

LE: _____

__Knee __Hip __Shoulder __Elbow __Other _____

Flexion: _____ Extension: _____ ABD: _____ ADD: _____ Trendelenbrg: _____

Int. Rotation: _____ Ext. Rotation: _____ Varus: _____ Valgus: _____

Discrepancy: _____ Other: _____

