

Name \_\_\_\_\_ DOB / / Rm \_\_\_\_\_ ID \_\_\_\_\_ Admt \_\_\_\_\_

CC \_\_\_\_\_

HPI \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

PMH \_\_\_\_\_ Rx \_\_\_\_\_ PSH \_\_\_\_\_ Soc \_\_\_\_\_

\_\_\_\_\_ tob \_\_\_\_\_

\_\_\_\_\_ EtOH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BP Tc Tm P R O2 sat

**Physical Exam**

General \_\_\_\_\_

Skin & lymph \_\_\_\_\_

HEENT \_\_\_\_\_

Neck \_\_\_\_\_

Chest/lung \_\_\_\_\_

CV \_\_\_\_\_

Abd \_\_\_\_\_

Ext \_\_\_\_\_

Neuro \_\_\_\_\_

Other \_\_\_\_\_

A/P

1) \_\_\_\_\_

6) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

7) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

8) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

9) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

10) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O

Date	HD	BP	Tc	P	R	sat	I/O