



Banner Health

HISTORY AND PHYSICAL EXAMINATION

Patient Label

No changes to current H & P dictated 0-30 days (document all changes below, date, time & sign)
(If H & P is not present on patient record prior to procedure, complete short form below)

HISTORY

Chief Complaint: _____

History of Present Illness(es): _____

Past Medical History: _____

Relevant Social/Family Histories:

Tobacco Yes No
Alcohol Yes No
Drug Yes No

Review of Systems: _____

Medications: _____

Allergies: _____

PHYSICAL EXAMINATION

Vital Signs: Temp _____ BP _____ HR _____ RR _____ O₂ _____

General Appearance: Normal Abnormal Not Relevant

HEENT/EENT: Normal Abnormal Not Relevant

Neck: Normal Abnormal Not Relevant

Heart: Normal Abnormal Not Relevant

Lungs: Normal Abnormal Not Relevant

Breasts: Normal Abnormal Not Relevant

Abdomen: Normal Abnormal Not Relevant

Genitalia: Normal Abnormal Not Relevant

Vaginal/Rectal: Normal Abnormal Not Relevant

Extremities: Normal Abnormal Not Relevant

Neurological: Normal Abnormal Not Relevant

Diagnosis/Impression: _____

Plan/Course of Action: _____

Plan (Including an explanation of complications, risks, etc.)

was discussed with: Patient Legal Representative

Other: _____

Labs: PT _____ INR _____ PTT _____ Hgb _____ Hct _____

N/C Plt _____ Bun _____ Creat _____ Other _____

Physician Signature: _____

Date: _____ Time: _____ am / pm

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