DATA

PATIENT NAME:		**DOB:**	**AGE:**	**SEX:** M F	**PHONE:**
ATTENDING PHY:		**DATE OF EXAM:** ____/____/____		**SURGERY DATE:**	____/____/____
REFERRING PHY:		❑ OUTPATIENT ❑ OUTPATIENT 23HR ❑ INPATIENT			

CHIEF COMPLAINT / PRESENT ILLNESS:

DIAGNOSIS:

PROCEDURE:

MEDICAL HISTORY

CANCER	❑ No	❑ Yes		**FAMILY HISTORY**		
DIABETES	❑ No	❑ Yes		HYPERTENSION	❑ No	❑ Yes
HEART DISEASE	❑ No	❑ Yes		HEART DISEASE	❑ No	❑ Yes
LUNG DISEASE	❑ No	❑ Yes		KIDNEY DISORDERS	❑ No	❑ Yes
LIVER DISEASE	❑ No	❑ Yes		CANCER	❑ No	❑ Yes
HX of BLEEDING	❑ No	❑ Yes		DIABETES	❑ No	❑ Yes
AIDS / HIV	❑ No	❑ Yes		ARTHRITIS	❑ No	❑ Yes
TB	❑ No	❑ Yes		**OTHER:**		
PNEUMONIA	❑ No	❑ Yes		**SOCIAL HISTORY**		
ASTHMA	❑ No	❑ Yes		MARITAL STATUS	❑S ❑M ❑D ❑W	
HYPERTENSION	❑ No	❑ Yes		HX of SMOKING	❑No ❑Yes	
KIDNEY / BLADDER/ PROST.	❑ No	❑ Yes		_____# Packs / Day		
ARTHRITIS	❑ No	❑ Yes		ALCOHOL	❑No ❑Yes	
STOMACH / BOWEL	❑ No	❑ Yes		ABUSE / NEGLECT	❑No ❑Yes	
STROKES	❑ No	❑ Yes		GROWTH & DEV STAT. WNL	❑No ❑Yes	
THYROID ISSUES	❑ No	❑ Yes		IMMUNIZATIONS (up to date)	❑No ❑Yes	

OTHER: **OTHER:**

ALLERGIES:

SYSTEMS REVIEWED:

CURRENT MEDICATIONS:

SURGICAL HISTORY

PHYSICAL EXAM

VITAL SIGNS: _____ BP _____ HR _____ RESP
_____ WT _____ HT _____ TEMP

			COMMENTS / FINDINGS
HEENT	❑ WNL	❑ ABN	
HEART	❑ WNL	❑ ABN	
LUNGS / RESP.	❑ WNL	❑ ABN	
ABDOMEN	❑ WNL	❑ ABN	
UPPER EXTREMITIES	❑ WNL	❑ ABN	
LOWER EXTREMITIES	❑ WNL	❑ ABN	
PELVIC	❑ WNL	❑ ABN	
BREAST	❑ WNL	❑ ABN	

OTHER:

ORDERS

LABS: ❑CBC ❑UA ❑Chm 7 ❑Chm 12 ❑Preg ❑Qual ❑Quant ❑Lytes ❑PT ❑PTT
❑CKMB ❑FFP ❑PLTS ❑Other ❑Type & Screen ❑Type & Cross # of Units ____
❑EKG ❑CXR ❑KUB ❑Full leg ❑WB Pelvis ❑IV ❑SCD ❑Prep ❑K+

Pre-Op Meds:

SIGNATURE

ASSESSMENT & PLAN:

CONSENT REVIEWED: ❑ Yes ❑ No **PATIENT CONSULTED:** ❑ Yes ❑ No

I CERTIFY THAT HOSPITAL SERVICES ARE NECESSARY: ❑ Yes ❑ No

Provider Signature: _____ **M.D. / D.O./ NP / PA Date:** _____ **Time:** _____

H&P Dictated: ❑Yes ❑No

IDAHO FALLS COMMUNITY HOSPITAL

Idaho Falls Community Hospital
History and Physical

Sticker: