BETH ISRAEL MEDICAL CENTER

060

SURGICAL ADMISSION INPATIENT/AMBULATORY FORM: HISTORY & PHYSICAL (H&P)

CHIEF COMPLAINT & PRESENT ILLNESS: _____

MALE ☐ FEMALE ☐ IF FEMALE, LMP _____ LAST MAMMOGRAM _____ LAST PAP SMEAR _____

PAST MEDICAL HISTORY:	**Y**	**N**	**EXPLAIN:**
HYPERTENSION	☐	☐	
HEART DISEASE	☐	☐	
STROKE	☐	☐	
KIDNEY DISEASE	☐	☐	
LUNG DISEASE	☐	☐	
DIABETES	☐	☐	
CANCER	☐	☐	
TRANSFUSION	☐	☐	
BLEEDING/CLOTTING DISORDER	☐	☐	
SLEEP APNEA	☐	☐	
OTHER	☐	☐	

PREVIOUS SURGERY: ☐ ☐ **EXPLAIN:** _____

FAMILY HISTORY:	**Y**	**N**	**EXPLAIN:**
HYPERTENSION	☐	☐	
HEART DISEASE	☐	☐	
DIABETES	☐	☐	
CANCER	☐	☐	
BLEEDING/CLOTTING DISORDER	☐	☐	
ANESTH. COMP.	☐	☐	
OTHER	☐	☐	

LIST BELOW ALL OF THE PATIENT'S MEDICATIONS PRIOR TO ADMISSION INCLUDING OVER THE COUNTER AND HERBAL MEDICATIONS.

Medication Name	Dose (mg. mcg)	Route	Frequency	Medication Reconciliation	Reason Not Continued
1.				☐ C ☐ DC	
2.				☐ C ☐ DC	
3.				☐ C ☐ DC	
4.				☐ C ☐ DC	
5.				☐ C ☐ DC	
6.				☐ C ☐ DC	
7.				☐ C ☐ DC	
8.				☐ C ☐ DC	

Reasons Not Continued: S - Substitution, **NPO**, **AR** - Adverse Reaction, **TO** - Taking Own Meds, **NT** - Not Tolerating Medication, **NI** - Not Indicated, **CD** - Dose Change, **H** - Hold

ALLERGIES & SENSITIVITIES:	**Y**	**N**	**EXPLAIN:**
	☐	☐	

SOCIAL HISTORY:	**Y**	**N**	**EXPLAIN:**
TOBACCO	☐	☐	
ALCOHOL	☐	☐	
SUBSTANCE ABUSE	☐	☐	

DO NOT USE PROHIBITED ABBREVIATIONS

BETH ISRAEL MEDICAL CENTER SURGICAL ADMISSION INPATIENT/AMBULATORY FORM: HISTORY & PHYSICAL (H&P)

Patient Name _____ MR # _____ Acct # _____

REVIEW OF SYSTEMS:	**POS.**	**NEG.**	**EXPLAIN:**
FEVER	☐	☐	_____
WEIGHT LOSS	☐	☐	_____
PAIN	☐	☐	_____
HEENT	☐	☐	_____
CARDIO-VASCULAR	☐	☐	_____
GASTRO-INTESTINAL	☐	☐	_____
GENITO-URINARY	☐	☐	_____
MUSCULOSKELETAL	☐	☐	_____
NEUROLOGIC/PSYCHIATRIC	☐	☐	_____
SLEEP DISORDER	☐	☐	_____
OTHER	☐	☐	_____

PHYSICAL EXAM:

VITAL SIGNS - BP: _____ Pulse: _____ Resp: _____ Temp: _____ Ht: _____ Wt. _____

GENERAL APPEARANCE: _____

Note and Explain All Abnormal Findings:

SKIN & LYMPH NODES	☐ Normal	_____
HEAD & NECK	☐ Normal	_____
CHEST	☐ Normal	_____
LUNGS	☐ Normal	_____
HEART	☐ Normal	_____
BREASTS	☐ Normal	_____
ABDOMEN	☐ Normal	_____
RECTAL	☐ Normal	_____
PELVIC (FEMALE)	☐ Normal	_____
MALE GENITALIA & PROSTATE	☐ Normal	_____
EXTREMITIES	☐ Normal	_____
VASCULAR	☐ Normal	_____
NEUROLOGICAL	☐ Normal	_____
PULSES	☐ Normal	_____

OTHER PERTINENT FINDINGS: _____

_____

_____

_____

_____

ASSESSMENT: _____

_____

_____

_____

_____

_____

_____

PLAN OF TREATMENT: _____

_____

_____

_____

_____

_____

If Ambulatory patient, state condition on discharge: _____

I certify that I have evaluated this patient _____ Date: _____ Time: _____

Attending, House Staff, PA or NP Signature

☐ I certify that I have re-evaluated this patient and there has been no significant change in his/her clinical condition since the above examination.

☐ I certify that I have re-evaluated this patient and there is a change is his/her clinical condition. See Progress Note.

Attending Physician Signature _____ Date: _____ Time: _____

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