HISTORY & PHYSICAL EXAMINATION

TMH1367

Date of Admission: _____

History obtained from: ❑ Patient ❑ Family/Friend ❑ Chart record ❑ Unable to obtain (Reason): _____

Chief Complaint/Present Illness/Reason for Admission: _____

_____

_____

History of Present Illness: _____

_____

_____

_____

_____

_____

Past Medical History: _____

_____

_____

Past Surgical History: ❑ None _____

Family History: ❑ None _____

Social History: ❑ Tobacco _____ ❑ Alcohol _____ ❑ Illicit Drugs _____ ❑ Other _____

Allergies: ❑ No Known Drug Allergies or _____

Medications: ❑ None or _____

_____

Review of Systems: (Check if negative, Describe if abnormal)

☐ Constitutional (ex. weight loss, fever, etc.)	☐ Cardiovascular
☐ Eyes	☐ Gastrointestinal
☐ Ears, Nose, and Throat	☐ Musculoskeletal
☐ Respiratory	☐ Neurologic
☐ Genitourinary	☐ Endocrine
☐ Psychiatric	☐ Allergic/Immunological
☐ Integumentary (skin and breast)	☐ Hematologic/Lymphatic

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist TEXAS MEDICAL CENTER

FORM # TMH1367 (06/2011)

Physical Exam:

	☑ Normal Exam Findings	Describe Abnormal Exam Findings
Vital Signs	T_____ BP_____ P_____ R _____ Wt _____ Ht _____ O2Sat _____% Pain _____ /10	
EENT	❑ Extraocular Muscles Intact ❑ Sclera Anicteric ❑ Pupils Equal, Round, Reactive to Light ❑ Oropharynx Clear ❑ Mucous Membranes Moist	
Neck/ Back	❑ Supple ❑ No Thyromegaly ❑ No Costovertebral Angle Tenderness	
Breast	❑ No Masses ❑ No Nipple Discharge	
Chest	❑ Clear Auscultation ❑ Clear Percussion ❑ Normal symmetry & Expansion	
Cardiac	❑ Regular Rhythm & Rate ❑ No Jugular Venous Distention ❑ No Murmurs/Rubs/Gallops	
Abdomen	❑ Soft ❑ Normal Bowel Sounds ❑ Nontender ❑ No Organomegaly ❑ No Masses Palpable	
Extremities	❑ Normal Range of Motion & Stability ❑ Normal Muscle Strength & Tone ❑ No Edema, Clubbing or Cyanosis	
Nodes	❑ No Cervical Adenopathy ❑ No Axillary Adenopathy ❑ No Inguinal Adenopathy	
Skin	❑ No rash, ulcerations, breakdown ❑ Warm ❑ Dry ❑ Clear	
GU/ Rectal	❑ Normal Tone ❑ No Hemorrhoid(s)/Fissure Male: ❑ Normal External Genitalia ❑ Normal Prostate Exam Female: ❑ Normal External Genitalia ❑ Normal Pelvic Exam	
Neuro	❑ Alert & Oriented X3 ❑ Cranial Nerves Intact ❑ Sensation Intact ❑ Motor Exam Nonfocal	
Psych	❑ Normal Judgment & Insight ❑ Normal Mood & Affect ❑ Oriented to time, place, person	

Lab(s): _____

_____

Diagnostic(s): _____

Assessment and Plan: _____

_____

_____

_____

_____

_____

_____ / _____ _____
Date Time **Resident Signature**

❑ I have seen and examined the patient and discussed with Dr. _____, Resident/Fellow. I agree with the resident's findings and plan as documented in the resident's note with any noted exception.

❑ I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note with any noted exception.

_____ / _____ _____
Date Time **Physician Signature**

HOUSTON Methodist® TEXAS MEDICAL CENTER

HISTORY AND PHYSICAL EXAMINATION

FORM # TMH1367 (06/2011)

ADHERE PATIENT LABEL WITHIN THIS AREA