INPATIENT ADMITTING HISTORY	ATIENT ADMITTING HISTORY AND PHYSICAL				
Date of Service / /	Time of	of Service :	🗆 ĀM 🗖 PM		
CHIEF COMPLAINT(S):					
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<u>HISTORY</u> <u>UNOBTAINABLE</u> Patient was admitted following medical reasons (check all that apply):	J UNACCOMPANIED, a	nd no history could be or	otained due to the		
Patient was unconscious/comatose		ad mental status change	S		
	<u>ner (Specify diagnosis)</u> TORY OF PRESENT IL				
(Location, Quality, Severity, Duration, Timing, Context, M			prief, 4+ extended)		
	PAIN PERCEPTION				
No Pain	Acute Pain	Chronic Pain	Continuous Pain		
Radiating Pain (specify)					
Location of Pain: (specify)					
Date of Pain Onset: / /	Time of Pain C				
		Low Pain	Moderate Pain <u>WORST</u> PAIN		
Duration: Frequency:	Severity (cir		4 5 6 7 8 9 10		
	<u>ALVIEW OF SYSTE</u>				
	REVIEW OF SYSTI		ENT ON ADMISSION		
DOCUMENT Problems, Signs, Sympto	ms, Conditions and	l/or Diagnoses <u>PRES</u>			
	ms, Conditions and	l/or Diagnoses <u>PRES</u>			
DOCUMENT Problems, Signs, Sympto	ms, Conditions and s and/or diagnoses that are	I/or Diagnoses <u>PRES</u> e present on admission in a			
DOCUMENT Problems, Signs, Sympto Is the patient having any problems, signs, symptoms, condition (Provider <u>MUST</u> comment on all "Yes" responses.) YES NO YES NO	ms, Conditions and s and/or diagnoses that are Ret YES	I/or Diagnoses <u>PRES</u> e present on admission in a riew of Systems: 1=Problem Pa NO	ny of the following areas? ertinent, 2-9 =Extended, 10+=Complete YES NO		
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INPATIENT ADIVITTING HISTOR					<u>e z ol o</u>
Date of Service / /		PROVIDER	R COMMENTS	REVIEW OF SYSTE	EMS, continued
PAST MEDICA	AL, FAMILY, AN	D SOCIA	L HISTOR	Y	
Ilergies: (agent, specify reaction)					
Past Medical History, continued [Childhood III	Inesses Past Hospi	talizations a	nd Operations	Immunizations Medi	ications
Past Illnesses, Past Injuries, Transfusions, Traumas (outiono,
		<u>, IIX 0I I 1100</u>			
MEDICATIONS			E PER DAY	LAST DOSE	DATE STARTED
(prescription, O-T-C, vitamins, herb				(Date and Time)	DATE STARTED
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9					
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Family History (Document diseases related to the C	hief Complaint(s), H	istory of Pre	sent Illnesses,	, or Review of System	ıS,
Hereditary or High Risk Diseases for the patient's par	rents, siblings and/or	r children)			
	Street Address, Su			T ADMITTING HISTORY	
	City, State, Z	lip+4	Page 2 of 8	Revis	sed 09/2007
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INPATIENT ADMITTING HISTORY AND PHYSICAL Page 3 of 8

Date of Serv	vice			PAST MEDICA	L, FAMILY AND	SOCIAL HIS	TORY, continued
Social History	(Alcohol Use, Ed	ucational History, E	Employment H	listory, High Risk Be	havior, Illicit Drug	Use, Living Arra	angements,
		ntraceptive Use, To				_	
DID MEDICAL STUDE	NT DOCUMENT REV	IEW OF SYSTEMS AN	ID PAST MEDIC	AL, FAMILY, AND SOC	IAL HISTORY?	□Yes □	JNo
IF YES, MEDICAL STU				· · · ·	DATE 🔸		IME 🔸
		PH	YSICAL	FXAMINATIC	N		
Constitutional:	Temperature	Blood Pressure	Respiratory		Height	Weight	Constitutional:
Vital Signs							Vital Signs
		Normal	Abnormal		ORMAL AND/OR	PERTINENT E	INDINGS IN DETAIL
Constitutional, co	ntinued	Norman	Abilotitiai				
General appear							
(development							
body habitus,							
attention to g							
Eyes	rooning)						
Conjunctivae ar	nd Lids						
Pupils and Irise							
Ears, Nose, Mouth							
Otoscopic Exan							
Hearing Assess							
Inspection of Na							
Septum, and							
	ps, Teeth and Gur	ns 🗖					
Examination of							
Neck							
Examination of	Neck						
Examination of							
				dress, Suite Number			RY AND PHYSICAL
			City	v, State, Zip+4	Page 3 of 8	R	evised 09/2007
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INPATIENT ADMITTING HISTORY AND PHYSICAL Page 4 of 8

Date of Service /			PHYSIC/	AL EXAMINAT	ION, continued
	Normal	Abnormal	DOCUMENT ABN	ORMAL AND/OR PER	TINENT FINDINGS IN DETAIL
Respiratory					
Assessment of respiratory effort					
Percussion of Chest					
Palpation of Chest					
Auscultation of Lungs					
Cardiovascular					
Auscultation of heart					
Palpation of Heart					
Examination of Abdominal Aorta					
Examination of Carotid arteries					
Examination of Femoral Arteries					
Examination of jugular veins					
(distension, a, v or cannon					
a waves)					
Examination of Pedal Pulses					
Examination of Extremities for					
Edema and/or varicosities					
Chest					
Inspection of Breasts					
Palpation of Breasts and Axillae					
Gastrointestinal					
Abdominal exammasses/tenderness					
Examination of Liver and Spleen					
Examination for Hernia					
Examination of					
anus/perineum/rectum					
Occult blood test (when indicated)					
Genitourinary (FEMALE)					
Pelvic Examination, including:	_	_			
Examination of External Genitalia					
Examination of Urethra (masses, tenderness, scarring)					
Examination of Bladder (fullness, masses, tenderness)					
Examination of Cervix					
Examination of Uterus					
Examination of Adnexa/Parametria					
			lress, Suite Number , State, Zip+4	INPATIENT ADMITTI Page 4 of 8	NG HISTORY AND PHYSICAL Revised 09/2007
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Examination of Scrotal Contents □ Examination of Penis □ Digital Examination of Prostate □ LymphaticPalpation of Lymph Nodes in: □ Neck □ Axillae □ Groin □ Other (Specify in documentation →) □ Musculoskeletal □ Examination of gists/nails □ Inspection/palpation of digits/nails □ Examination of joints/bones/muscles: □ Head and neck □ Spine, ribs, and pelvis □ Right Upper Extremities (RUE) □ Left Upper Extremities (RLE) □ Left Lower Extremities (RLE) □	Date of Service /			PHYSICAL EXAMINATION, continued
Examination of Prostate □ Digital Examination of Prostate □ Uymphatic-Palpation of Lymph Nodes in: □ Neck □ Axilae □ Groin □ Other (Specify in documentation →) □ Exam of advistation □ Inspection/palpation of digits/nails □ Examination of joints/bones/muscles: □ Head and neck □ Spine, ribs, and pelvis □ Right Upper Extremities (RUE) □ Left Upper Extremities (RUE) □ Inspection of Skin □ Subcutaneous Tissue □ Test Consciousness for mental □ Examination of Sensation □ Examination of Sensation □ Examination of Sensation □ Inspection of Skin □ Subcutaneous Tissue □ Head and rok station □ Examination of	Genitourinary (MALE)	Normal	Abnormal	DOCUMENT ABNORMAL AND/OR PERTINENT FINDINGS IN DETAIL
Digital Examination of Prostate □ Lymphatic-Palpation of Lymph Nodes in: □ Neck □ Axiliae □ Groin □ Other (Specify in documentation →) □ Musculoskeletal □ Exam of gali/station □ Inspection/palpation of digits/nails □ Examination of joints/hones/muscles: □ Head and neck □ Spine, ribs, and pelvis □ Right Upper Extremities (RUE) □ Left Upper Extremities (RUE) □ State of consciousness for mental □ status examination (GSC score) □ Texamination of and registen □ Deep Tendon Reflexes □ Examination of Asian □ Deep Tendon Reflexes □ Examination of Sensation □ Text Coordination (finger/riose, □ □ heu/knee/shin, rapid alternating □ movements in upper/lower extremities) □	Examination of Scrotal Contents			
LymphaticPalpation of Lymph Nodes in: Neck Axillae Groin Other (Specify in documentation →) Inspection/palpation of digits/nails Exam of galits/ation Inspection/palpation of digits/nails Examination of joints/bones/muscles: Head and neck Spine, ribs, and pelvis Right Upper Extremities (RUE) Left Uwer Extremities (RUE) Left Lower Extremities (RUE) Subcutaneous Tissue Subcutaneous Tissue Subcutaneous Tissue Subcutaneous Tissue Examination of galit and station Deep Tendon Reflexes Examination of Sensation Examination of Sensation Inspection fight Nerves Inspection of Skin State of consciousness for mental Istatus examination of motor system Examination of Sensation Examination of Sensation Inspection, rapid attentanting Mexel/Selexin, rapid attentanting More Inspection Selexin Inspection of Skin Inspection of Skin	Examination of Penis			
Neck □ □ Axillae □ □ Groin □ □ Other (Specify in documentation →) □ □ Musculoskeletal □ □ Exam of gait/station □ □ Inspection/palpation of digits/nails □ □ Examination of joints/bones/muscles: □ □ Head and neck □ □ Spine, ribs, and pelvis □ □ Right Upper Extremities (RUE) □ □ Left Upper Extremities (RUE) □ □ Kin □ □ □ State of consciousness for mental □ □ Status examination (SC score) □ □ Test Cranial Nerves □ □ Examination of gait and station □ □ Examination of sensation □ □	Digital Examination of Prostate			
Axillae □ □ Groin □ □ Other (Specify in documentation →) □ □ Musculoskeletal □ □ Exam of gait/station □ □ Inspection/palpation of digits/nails □ □ Examination of joints/bones/muscles: □ □ Head and neck □ □ Spine, ribs, and pelvis □ □ Right Upper Extremities (RUE) □ □ Left Upper Extremities (RUE) □ □ Kin □ □ □ Inspection of Skin □ □ □ Subcutaneous Tissue □ □ □ Status examination (GSC score) □ □ □ Test Consciousness for mental □ □ □ Examination of motor system □	LymphaticPalpation of Lymph Node	es in:		
Groin □ Other (Specify in documentation →) □ Musculoskeletal □ Exam of gait/station □ Inspection/palpation of digits/nails □ Examination of joints/bones/muscles: □ Head and neck □ Spine, ribs, and pelvis □ Right Upper Extremities (RUE) □ Left Upper Extremities (RUE) □ Left Lower Extremities (RLE) □ Subcutaneous Tissue □ State of consciousness for mental □ State of consciousness for mental □ State of consciousness for mental □ Deep Tendon Reflexes □ Examination of gait and station □ Examination of solution of solution □ Deep Tendon Reflexes □ Examination of solution (finger/nose, □ □ Test Coordination (finger/nose, □ □ Head and station □ Examination of solution extremities □	Neck			
Other (Specify in documentation →)	Axillae			
Musculoskeletal	Groin			
Exam of gail/station	Other (Specify in documentation $ ightarrow$) 🗖		
Inspection/palpation of digits/nails	Musculoskeletal			
Examination of joints/bones/muscles: Head and neck Spine, ribs, and pelvis Right Upper Extremities (RUE) Left Upper Extremities (LUE) Inspection of Skin Subcutaneous Tissue Palpation of Skin Subcutaneous Tissue State of consciousness for mental status examination (GSC score) Test Carailal Nerves Examination of gait and station Examination of Stores, and the status Examination of Station Deep Tendon Reflexes Examination of Station Examination of Station Inspection of station movements in upper/lower extremities)	Exam of gait/station			
Head and neck	Inspection/palpation of digits/nails			
Spine, ribs, and pelvis Right Upper Extremities (RUE) Left Upper Extremities (RLE) Right Lower Extremities (RLE) Left Lower Extremities (LLE) Skin Inspection of Skin Subcutaneous Tissue Palpation of Skin State of consciousness for mental status examination (GSC score) Test Cranial Nerves Examination of gait and station Examination of Sensation Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)		3:		
Right Upper Extremities (RUE) Image: Construction of Skin (CUE) Right Lower Extremities (RLE) Image: Construction of Skin (CUE) Inspection of Skin (CUE) Image: Construction of Skin (CUE) Subcutaneous Tissue Image: Construction of Skin (CUE) Palpation of Skin (CUE) Image: Construction of Skin (CUE) Subcutaneous Tissue Image: Construction of Skin (CUE) Subcutaneous Tissue Image: Construction of Skin (CUE) State of consciousness for mental Image: Construction of Score) Test Cranial Nerves Image: Construction of Score) Test Cranial Nerves Image: Construction of Score) Deep Tendon Reflexes Image: Construction of Score) Examination of Sensation Image: Construction of Sensation Test Coordination (finger/nose, Image: Construction of Sensation Image: Construction of Sensation Image: Construction of Sensation Image: Construction of Sensation Test Coordination (finger/nose, Image: Construction of Sensation Image: Construction of Sensation	Head and neck			
Left Upper Extremities (LUE)				
Right Lower Extremities (RLE) Left Lower Extremities (LLE) Skin Inspection of Skin Subcutaneous Tissue Palpation of Skin Subcutaneous Tissue Palpation of Skin Subcutaneous Tissue Palpation of Skin State of consciousness for mental status examination (GSC score) Test Cranial Nerves Examination of Deep Tendon Reflexes Examination of Sensation Examination of Sensation Test Coordination (finger/nose, neel/knee/shin, rapid alternating movements in upper/lower extremities)	• • • • • • • • •			
Left Lower Extremities (LLE)				
Skin	o ()			
Inspection of Skin Image: Subcutaneous Tissue Subcutaneous Tissue Image: Subcutaneous Tissue Palpation of Skin Image: Subcutaneous Tissue Subcutaneous Tissue Image: Subcutaneous Tissue Neurologic Image: Subcutaneous Tissue State of consciousness for mental Image: Subcutaneous Tissue status examination (GSC score) Image: Subcutaneous Tissue Test Cranial Nerves Image: Subcutaneous Tissue Deep Tendon Reflexes Image: Subcutaneous Tissue Examination of gait and station Image: Subcutaneous Tissue Examination of Sensation Image: Subcutaneous Tissue Examination of Sensation Image: Subcutaneous Tissue Test Coordination (finger/nose, Image: Subcutaneous Tissue Image: Subcutaneous Tissue movements in upper/lower extremities) Image: Subcutaneous Tissue				
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Subcutaneous Tissue Image: Conscious Tissue Neurologic Image: Conscious Tissue State of conscious for mental Image: Conscious Tissue status examination (GSC score) Image: Conscious Tissue Test Cranial Nerves Image: Conscious Tissue Test Cranial Nerves Image: Conscious Tissue Test Cranial Nerves Image: Conscious Tissue Examination of Image: Conscious Tissue Deep Tendon Reflexes Image: Conscious Tissue Examination of gait and station Image: Conscious Tissue Examination of Sensation Image: Conscious Tissue Test Coordination (finger/nose, Image: Conscious Tissue Image: Conscious Tissue Movements in upper/lower extremities) Image: Conscious Tissue				
Neurologic	•			
State of consciousness for mental status examination (GSC score) Test Cranial Nerves Examination of Deep Tendon Reflexes Examination of gait and station Examination of motor system Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)				
status examination (GSC score) Test Cranial Nerves Examination of Deep Tendon Reflexes Examination of gait and station Examination of motor system Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)	•			
Test Cranial Nerves Examination of Deep Tendon Reflexes Examination of gait and station Examination of gait and station Examination of motor system Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)				
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Deep Tendon Reflexes Examination of gait and station Examination of motor system Examination of motor system Examination of Sensation Image: Sensation of Sensation Image: Sensation of Sensation Image: Sensation of Sensation of Sensation Image: Sensation of Sensation of Sensation Image: Sensation of Sensatio		_		
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Examination of motor system Examination of Sensation Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)	•	_	_	
Examination of Sensation Test Coordination (finger/nose, heel/knee/shin, rapid alternating movements in upper/lower extremities)	•		_	
Test Coordination (finger/nose, □ heel/knee/shin, rapid alternating	•			
heel/knee/shin, rapid alternating movements in upper/lower extremities)		_		
movements in upper/lower extremities)				
	movements in upper/lower extrem	nities)		
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			Street Add	

City, State, Zip+4

INPATIENT ADMITTING HISTORY AND PHYSICAL Page 5 of 8 Revised 09/2007

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INPATIENT ADMITTI	NG HISTC	RY AND	PHYSICAL		Page 6 of 8
Date of Service			PHYSIC/	AL EXAMIN/	ATION, continued
Psychiatric	Normal	Abnormal	DOCUMENT ABN	ORMAL AND/OR PI	ERTINENT FINDINGS IN DETAIL
Judgment/Insight					
Orientation to					
Time, Place, and Person					
Recent and Remote Memory					
Mood and Affect					
(REMINDER: Physicians have th	e option of perform	ing a single orgar	n system exam <i>in addi</i>	tion to or in lieu of th	ne general multi-system exam.)
			dress, Suite Number y, State, Zip+4	INPATIENT ADM Page 6 of 8	TTING HISTORY AND PHYSICAL Revised 09/2007
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	Log Placen	o nent	*######*
	Street Address, Su City, State, 2	Zip+4 Page 7 of	ENT ADMITTING HISTORY AND PHYSICAL 8 Revised 09/2007
Plan (<u>MUST</u> include documentation of pain r	management!):		
Date of Service / Assessment/Diagnoses:	Me	edical Decision	Making/Assessment/Plan

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Date of Service / /	Provider's Sig	gnatures/Teaching P	hysician Documentation
RESIDENT'S/FELLOW'S SIGNATURE			
(include credentials, i.e., M.D., D.O., and PGY status)	₩ D	ATE 🔸	↓ TIME ↓
			□ AM □ PM
TEACHING PHYSICIAN DOCUMENTATION (Add	ditional documentation of tea	ching physician)	L
Physicians at Teaching Hospitals (PATH) Statements. Chec	A ONLY ONE BOX and fill in th	e name of the appropriat	e resident/fellow:
A. I was present with Dr (N			
with the resident/fellow and agree with the findin			
D — the second structure of the second structure o			
B. □ I saw and evaluated the patient. I discussed the with the resident's/fellow/s findings and plan as			_
TEACHING PHYSICIAN'S SIGNATURE			
(include credentials, i.e., M.D., D.O.)	↓ D	ATE 🔸	↓ TIME ↓
			□ AM
			□ PM
TEACHING PHYSICIAN'S SIGNATURELATE ENTRY (i (include credentials, i.e., M.D., D.O.)		ATE 🔸	
(Include credentials, i.e., w.b., b.o.)			
	Street Address, Suite Number City, State, Zip+4	INPATIENT ADMITTI Page 8 of 8	NG HISTORY AND PHYSICAL Revised 09/2007
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