INPATIENT ADMITTING HISTORY AND PHYSICAL

Date of Service / / | Time of Service : ❒ AM ❒ PM

CHIEF COMPLAINT(S):

❒ ***HISTORY UNOBTAINABLE*** **-- Patient was admitted UNACCOMPANIED, and no history could be obtained due to the following medical reasons (check all that apply):**

❒ **Patient was unconscious/comatose** ❒ **Patient was disoriented, had mental status changes**

❒ **Patient was intoxicated** ❒ **Other (Specify diagnosis):**

HISTORY OF PRESENT ILLNESS (HPI)

(Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated signs/symptoms--1-3 brief, 4+ extended)

PAIN PERCEPTION

❒ **No Pain** ❒ **Intermittent Pain** ❒ **Acute Pain** ❒ **Chronic Pain** ❒ **Continuous Pain**

❒ **Radiating Pain (specify)**

Location of Pain: (specify)

Date of Pain Onset: / / **Time of Pain Onset:** : ❒ **AM** ❒ **PM**

Duration: **Frequency:** **Severity (circle one):** Low Pain **Moderate Pain** ***WORST PAIN***

1 2 3 4 5 6 7 8 9 10

REVIEW OF SYSTEMS

DOCUMENT *Problems, Signs, Symptoms, Conditions and/or Diagnoses* PRESENT ON ADMISSION

Is the patient having any problems, signs, symptoms, conditions and/or diagnoses that are ***present on admission*** in any of the following areas?

(Provider *MUST* comment on all "Yes" responses.)

Review of Systems: *1=Problem Pertinent, 2-9 =Extended, 10+=Complete*

YES	NO		YES	NO		YES	NO		YES	NO	
❒	❒	Constitutional	❒	❒	Integumentary (Skin & Breast)	❒	❒	Respiratory	❒	❒	Hematologic/Lymphatic
❒	❒	Eyes	❒	❒	Neurological	❒	❒	Gastrointestinal	❒	❒	Allergy/Immunology
❒	❒	Ears, Nose, Throat	❒	❒	Psychiatric	❒	❒	Genitourinary	❒	❒	Other
❒	❒	Cardiovascular	❒	❒	Endocrine	❒	❒	Musculoskeletal	❒	❒	Other

❒ ***All other systems reviewed and negative***

Last Menstrual Period _____ (mm/dd/yyyy)

PROVIDER COMMENTS--REVIEW OF SYSTEMS

Date of Service / /

PROVIDER COMMENTS--REVIEW OF SYSTEMS, continued

PAST MEDICAL, FAMILY, AND SOCIAL HISTORY

Allergies: (agent, specify reaction)

Past Medical History, continued [*Childhood Illnesses, Past Hospitalizations and Operations, Immunizations, Medications, Past Illnesses, Past Injuries, Transfusions, Traumas (i.e., S/P CABG 1999; Hx of Pneumonia 2004)]*

	MEDICATIONS (prescription, O-T-C, vitamins, herbals)	DOSAGE PER DAY	LAST DOSE (Date and Time)	DATE STARTED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Family History (Document diseases related to the Chief Complaint(s), History of Present Illnesses, or Review of Systems, Hereditary or High Risk Diseases for the patient's parents, siblings and/or children)

Date of Service / /

PAST MEDICAL, FAMILY AND SOCIAL HISTORY, continued

Social History (Alcohol Use, Educational History, Employment History, High Risk Behavior, Illicit Drug Use, Living Arrangements, Marital Status, Sexual Activity/Contraceptive Use, Tobacco Use, Travel History)

DID MEDICAL STUDENT DOCUMENT REVIEW OF SYSTEMS AND PAST MEDICAL, FAMILY, AND SOCIAL HISTORY? ❒Yes ❒No

IF YES, MEDICAL STUDENT'S SIGNATURE (include credentials, i.e., M.S. III) ↓ DATE ↓ ↓ TIME ↓

❒ AM
❒ PM

PHYSICAL EXAMINATION

Constitutional: Vital Signs	Temperature	Blood Pressure	Respiratory Rate	Pulse	Height	Weight	Constitutional: Vital Signs

	Normal	Abnormal
Constitutional, continued		
General appearance of patient (development, nutrition body habitus, deformities, attention to grooming)	❒	❒
Eyes		
Conjunctivae and Lids	❒	❒
Pupils and Irises	❒	❒
Ears, Nose, Mouth and Throat		
Otoscopic Examination	❒	❒
Hearing Assessment	❒	❒
Inspection of Nasal Mucosa, Septum, and Turbinates	❒	❒
Inspection of Lips, Teeth and Gums	❒	❒
Examination of Oropharynx	❒	❒
Neck		
Examination of Neck	❒	❒
Examination of Thyroid	❒	❒

DOCUMENT ABNORMAL AND/OR PERTINENT FINDINGS IN DETAIL

Date of Service / /

PHYSICAL EXAMINATION, continued

	Normal	Abnormal	DOCUMENT ABNORMAL AND/OR PERTINENT 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 exam--masses/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	❒	❒	

Date of Service / /

PHYSICAL EXAMINATION, continued

	Normal	Abnormal
Genitourinary (MALE)		
Examination of Scrotal Contents	❒	❒
Examination of Penis	❒	❒
Digital Examination of Prostate	❒	❒
Lymphatic--Palpation of Lymph Nodes in:		
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 (LUE)	❒	❒
Right Lower Extremities (RLE)	❒	❒
Left Lower Extremities (LLE)	❒	❒
Skin		
Inspection of Skin	❒	❒
Subcutaneous Tissue	❒	❒
Palpation of Skin	❒	❒
Subcutaneous 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)	❒	❒

DOCUMENT ABNORMAL AND/OR PERTINENT FINDINGS IN DETAIL

Date of Service / /

PHYSICAL EXAMINATION, continued

Psychiatric	Normal	Abnormal	DOCUMENT ABNORMAL AND/OR PERTINENT FINDINGS IN DETAIL
Judgment/Insight	❒	❒	
Orientation to	❒	❒	
Time, Place, and Person			
Recent and Remote Memory	❒	❒	
Mood and Affect	❒	❒	

(REMINDER: Physicians have the option of performing a single organ system exam ***in addition to*** or ***in lieu of*** the general multi-system exam.)

Date of Service / /	Medical Decision Making/Assessment/Plan

Assessment/Diagnoses:

Plan (*MUST* include documentation of pain management!):

INPATIENT ADMITTING HISTORY AND PHYSICAL

Date of Service / /

Provider's Signatures/Teaching Physician Documentation

RESIDENT'S/FELLOW'S SIGNATURE (include credentials, i.e., M.D., D.O., and PGY status)	DATE	TIME
		❒ AM ❒ PM

TEACHING PHYSICIAN DOCUMENTATION (Additional documentation of teaching physician)

Physicians at Teaching Hospitals (PATH) Statements. Check *ONLY* ONE BOX, and fill in the name of the appropriate resident/fellow:

A. ❒ **I was present with Dr. _____ (Name of Resident/Fellow) during the history and exam. I discussed the case with the resident/fellow and agree with the findings and plan as documented in the resident's/fellow's note except as noted.**

B. ❒ **I saw and evaluated the patient. I discussed the case with Dr. _____ (Name of Resident/Fellow) and agree with the resident's/fellow/s findings and plan as documented in the resident's/fellow's note except as noted.**

TEACHING PHYSICIAN'S SIGNATURE (include credentials, i.e., M.D., D.O.)	DATE	TIME
		❒ AM ❒ PM

TEACHING PHYSICIAN'S SIGNATURE--LATE ENTRY (if applicable) (include credentials, i.e., M.D., D.O.)	DATE	TIME
		❒ AM ❒ PM

Street Address, Suite Number
City, State, Zip+4

Logo Placement

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