ADULT HISTORY & PHYSICAL EXAMINATION

Admission date: _______________________
Exam date: ___________________________

Chief Complaint/Proposed Procedure:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

History of Present Illness:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Past Medical/Surgical Hx:  Allergies:
______________________________________________________________________________
______________________________________________________________________________

Social History:  Medications:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Family History:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Functional Inquiry System  Comment:

Constitutional  ☐ Negative
HEENT  ☐ Negative
Cardiovascular  ☐ Negative
Respiratory  ☐ Negative
Gastrointestinal  ☐ Negative
Genitourinary  ☐ Negative
Neurological  ☐ Negative
Psychiatric  ☐ Negative
Musculoskeletal  ☐ Negative
Endocrine  ☐ Negative
Skin  ☐ Negative
Hematologic  ☐ Negative
Immunologic  ☐ Negative

(Medical Staff Records)
## Physical Exam:

<table>
<thead>
<tr>
<th>B/P R:</th>
<th>B/P L:</th>
<th>Pulse:</th>
<th>Resp:</th>
<th>Temp:</th>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
</table>

### Comments

**General**
- [ ] Well developed & well nourished
- [ ] No acute distress

**HEENT**
- [ ] PERRLA
- [ ] Hearing non-impaired
- [ ] Oral mucosa moist, no cyanosis

**Neck**
- [ ] No jugular vein distention
- [ ] Normal thyroid
- [ ] No masses or adenopathy

**Cardiovascular**
- [ ] Regular rate & rhythm
- [ ] All pulses normal, equal & synchronous
- [ ] S1 S2 normal
- [ ] No bruits
- [ ] Normal PMI

**Respiratory**
- [ ] No rales, rhonchi or wheezing
- [ ] No use of accessory muscles

**Abdomen**
- [ ] No masses or tenderness
- [ ] Bowel sound active
- [ ] No hepato-splenomegaly
- [ ] Rectal exam normal (if applicable)

**Genitourinary**
- [ ] Normal external exam
- [ ] Normal internal exam (if applicable)

**Skin/Musculoskeletal**
- [ ] No edema
- [ ] No muscle atrophy
- [ ] No rashes, ulcers or skin lesions
- [ ] No joint abnormality

**CNS/Neuro**
- [ ] Cranial nerves intact
- [ ] Deep tendon reflexes 2+ bilaterally

**Mental Status**
- [ ] Alert & oriented x3
- [ ] No disturbance of affect

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**Impressions:**

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**Diagnosis:**

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**Plan:**

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Physician signature: ____________________________ Date: ____________________________ Time: ____________________________

Resident signature: ____________________________ Date: ____________________________ Time: ____________________________

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Complete the following information if updating an H&P that was completed within the last 30 days.

I have examined this patient, reviewed the H&P, and there are:
- [ ] no changes to the patient’s condition since the H&P was completed.
- [ ] the following updates to the H&P: ____________________________

Physician signature: ____________________________ Date: ____________________________ Time: ____________________________

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