HSHS St. John's Hospital

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:

B/P R: B/P L:	Pulse:	Resp:	Temp:	Height:	Weight:

		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 hepatosplenomegaly ❑ 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	

Impressions:_____

Diagnosis:_____

Plan:_____

Physician signature:_____ Date:_____ Time:_____

Resident signature:_____ Date:_____ Time:_____

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:_____