1HANP

Patient Name: _____ DOB _____ Admission Date _____

Present illness/chief complaint: _____

MEDICAL HISTORY: _____

_____

Hospitalizations/Past Surgeries: _____

Current Meds: _____

Allergies: ☐ NKA Latex Allergy ☐ Yes ☐ No Other: _____

REVIEW OF SYSTEM:

Head	☐ Normal	☐ Other _____		**Respiratory/Chest**	☐ Normal	☐ Other _____	
Eyes	☐ Normal	☐ Other _____		**Cardiovascular**	☐ Normal	☐ Other _____	
Ears	☐ Normal	☐ Other _____		**Urinary/Genital**	☐ Normal	☐ Other _____	
Nose/Sinuses	☐ Normal	☐ Other _____		**Gastrointestinal**	☐ Normal	☐ Other _____	
Mouth/Throat	☐ Normal	☐ Other _____		**Neuro/Psych**	☐ Normal	☐ Other _____	
Neck	☐ Normal	☐ Other _____		**Musculoskeletal**	☐ Normal	☐ Other _____	
Integument	☐ Normal	☐ Other _____		**Breasts**	☐ Normal	☐ Other _____	
Endocrine	☐ Normal	☐ Other		**Other** _____			

Females: Grav _____ PARA _____ SAB _____ TAB _____ Living Children _____

Menses onset _____ Frequency _____ Duration _____ EDC _____ Pregnancy State Yes / No / NA

Flow _____ LMP _____ Menopause _____ Last PAP _____

Family History: Hypertension ____ Heart Disease ____ Diabetes ____ Seizures ____ Cancer ____ Mental Disorders ____

Other/Comments: _____

Pediatric Patients: ☐ N/A

Developmental age: _____ length: _____ weight/kg: _____ head circ: _____ immunization status _____

Personal/Social History: _____

Marital Status: S M W D Weight: _____ Height: _____

Tobacco: ☐ Yes ☐ No Drugs: ☐ Yes ☐ No ETOH: ☐ Yes ☐ No Caffeine: ☐ Yes ☐ No

Physical Exam/Vital Signs: RR _____ P _____ BP _____ T _____ WT _____

_____

_____

_____

_____

Impression: _____

_____

_____

Goals/Plan: _____

_____

_____

Date _____ Time _____ Signature _____

8691-011 (Rev. 11/07)

PLACE PATIENT ID LABEL HERE

PROVIDENCE
Alaska
Medical Center

HISTORY & PHYSICAL

TAB 4