

History and Physical

☐ Dictated (encouraged) ☐ Not Dictated

116341 4/98 mc

CHIEF COMPLAINTS: _____

Age: _____

PRESENT HISTORY: _____

PERSONAL _____

Medications: _____

Known Allergies: _____

Habits Smoking: _____

Alcohol: _____

Other: _____

SYSTEMIC REVIEW _____

Skin: _____

HEENT: _____

Cardiac: _____

Respiratory: _____

G.I.: _____

G.U.: _____

GYN: _____

Musculoskeletal: _____

Neuropsychiatric: _____

PAST HISTORY _____

Surgical: _____

Medical: _____

Family History: _____