

THE CHRIST HOSPITAL  
CINCINNATI, OHIO 45219  
HISTORY AND PHYSICAL EXAMINATION  
R-54A REV. 7/99  
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Name: \_\_\_\_\_

ADMITTING/TESTING FAX # 586-1273

DATE OF EXAM \_\_\_\_\_

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: \_\_\_\_\_

HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRUG OR OTHER SIGNIFICANT ALLERGIES: \_\_\_\_\_

FAMILY AND SOCIAL HISTORY: \_\_\_\_\_

PAST HISTORY: \_\_\_\_\_

DIABETES: no \_\_\_ yes \_\_\_; Hx. Steroid Rx: no \_\_\_ yes \_\_\_; Hx. of Diuretic Rx: no \_\_\_ yes \_\_\_

Bleeding Tendency: no \_\_\_ yes \_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no \_\_\_ yes \_\_\_ specify

Weight loss: no \_\_\_ yes \_\_\_

CARDIOVASCULAR:

Chest pain no \_\_\_ yes \_\_\_

Hx of MI no \_\_\_ yes \_\_\_

Syncope no \_\_\_ yes \_\_\_

Hx. of Deep Vein Thrombosis no \_\_\_ yes \_\_\_

Other pertinent sx. no \_\_\_ yes \_\_\_

RESPIRATORY:

Hx of Asthma no \_\_\_ yes \_\_\_

Cough no \_\_\_ yes \_\_\_

Smoke no \_\_\_ yes \_\_\_

Other pertinent sx. no \_\_\_ yes \_\_\_

NEUROLOGICAL:

Hx. of transient neurological sx. no \_\_\_ yes \_\_\_

Other pertinent symptoms no \_\_\_ yes \_\_\_

RENAL:

HX: Kidney or bladder disease no \_\_\_ yes \_\_\_

Other pertinent symptoms no \_\_\_ yes \_\_\_

GASTROINTESTINAL:

Abdominal pain no \_\_\_ yes \_\_\_

Nausea no \_\_\_ yes \_\_\_

Hx of Hepatitis no \_\_\_ yes \_\_\_

Alcohol use no \_\_\_ yes \_\_\_

Other pertinent sx: no \_\_\_ yes \_\_\_

REPRODUCTIVE:

Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) \_\_\_\_\_

\_\_\_\_\_

PHYSICAL EXAMINATION:

TEMP _____	PR _____	RESP _____	BP _____
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GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no \_\_\_ yes \_\_\_

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no \_\_\_ yes \_\_\_

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no \_\_\_ yes \_\_\_

NEUROLOGICAL:

DIAGNOSIS \_\_\_\_\_

ASSESSMENT/PLAN:

SIGNATURE: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_