



HXPHY

THE UNIVERSITY HOSPITAL
HISTORY AND PHYSICAL
EXAM FORM

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Date _____ Time: _____

(Complete no more than 30 days prior to procedure.)

Chief Complaint / Indication for Procedure:

UMC-428, Rev. 12/00

Chart Place: Hx, Px, & Progress Notes

History and Physical Exam for Patients Having Local Anesthesia Only (no sedation)

Planned Procedure: _____

Relevant Past Medical / Surgical History: () None _____

Relevant Social History: _____

Allergies/Medication reactions: () None _____

Current Medications: () None _____

PHYSICAL EXAMINATION B/P _____ Pulse _____ Wt _____ Ht _____

Mental Status _____ Heart _____ Lungs _____

HEENT _____ Abdomen _____ Other _____

() Patient is in satisfactory condition for proposed procedure

Physician Signature _____ M.D. Date ____/____/____

For Inpatients and/or Patients Having All Other Types of Procedures / Anesthesia (LOCS, MAC, Regional, General)
HISTORY

Relevant History of Present Illness or Injury: _____

Relevant Social History: _____

Relevant Past Medical History: () None _____

Allergies / Medication Reactions: () None _____

Current Medications: () None _____

Relevant Family Medical History: () None _____

Planned Procedure: _____

PHYSICAL EXAMINATION

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BP: _____ Pulse: _____

Temp: _____ Resp: _____

Wt: _____

General Condition / Appearance:

Mental Status:

Comorbid Conditions:

HEENT: _____

Heart: _____

Lungs: _____

Breast: _____

Abdomen: _____

Rectal: _____

Extremities: _____

Skin: _____

Neurological: _____

Other: _____

Impression / Assessment:

Recommendation:

Date

Physician Signature

M.D.

Physician Signature

M.D.