

102 HISTORY AND PHYSICAL SHORT FORM
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Pt name: _____ DOB: _____

CSN: _____

Date of Admission: _____

Allergies: _____

ADMITTING DIAGNOSIS: _____

PROCEDURE(S) PLANNED: _____

HISTORY OF PRESENT ILLNESS:

MEDICATIONS:

PAST SURGICAL HISTORY:

PAST SIGNIFICANT MEDICAL HISTORY:

REVIEW OF SYSTEMS:

HABITS: ETOH

SMOKING

PHYSICAL EXAMINATION:

VITAL SIGNS: TEMP BP HR

HEAD and NECK:

HEENT anicteric, PERRLA

CHEST: Lungs clear, cor regular

ABDOMEN: benign no masses or abnormality

PELVIC AND RECTAL: deferred

EXTREMITIES: normal