THE CHRIST HOSPITAL

CINCINNATI, OHIO 45219

HISTORY AND PHYSICAL EXAMINATION

THE FOLLOWING ABBREVIATIONS ARE NOT PERMITTED FOR USE: IU,U (Units), QD (Daily), QOD (Every other day), 1.0 (1), .5 (0.5), MS, MS04, MgSO4 (Morphine Sulfate, Magnesium Sulfate)

ADMITTING/TESTING FAX # 585-1273

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	NAME	DOSE	FREQUENCY

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S.: Pain of 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 _____ PESP _____ BP _____

GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no___ yes ___

CHEST AND LUNGS"

Breasts: no ___ yes ___

HEART:

Murmur: no ___ yes ___

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no ___ yes ___

NEUROLOGICAL

DIAGNOSIS _____

ASSESSMENT/PLAN:

SIGNATURE: _____ NAME PRINTED: _____

Date/Time _____