

## ADMISSION HISTORY AND PHYSICAL

### CHIEF COMPLAINT

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### H.P.I.

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### PAST HISTORY

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### FAMILY HISTORY

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### MEDICATIONS

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### F. INQ.

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### ALLERGIES

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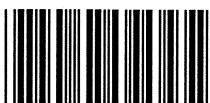
### PHYSICAL EXAMINATION

APPEARANCE	WT.	TEMP.	PULSE	B.P.
HEAD AND NECK				
E.N.T.				
CHEST				
BREAST/AXILLAE				
C-V				
ABDOMEN				
G-U				
RECTAL				
BACK AND EXTREMETIES				
C.N.S.				
SKIN				

OTHER:

DIAGNOSIS:

PLAN:



5022

DATE: \_\_\_\_\_  
yyyy/mm/dd

\_\_\_\_\_  
Physician's Signature M.D.