CULLMAN REGIONAL

# HISTORY AND PHYSICAL

Patient Label

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

**Referring Physician:**

**Chief Complaint:**

**History of Present Illness:**

**Past Medical History:**

**Past Surgical History:**

**Allergies:** ❑ No known drug allergies
❑ Other _____

**Current Medications**: ❑ As per home medication list
❑ Other _____

**Social History**: ❑ N/A
Pertinent history:_____
_____

**Family History**: ❑ N/A
Pertinent history:_____
_____

| | ***Within normal limits*** | ***Abnormal findings*** |
|---|---|---|
| **Review of systems:** | | |
| HEENT: | ❑ | ❑ _____ |
| CV: | ❑ | ❑ _____ |
| Pulmonary: | ❑ | ❑ _____ |
| GU: | ❑ | ❑ _____ |
| GI: | ❑ | ❑ _____ |
| MS: | ❑ | ❑ _____ |
| Neuro: | ❑ | ❑ _____ |
| Metabolic: | ❑ | ❑ _____ |
| **Physical Examination:** | | |
| General: | ❑ | ❑ _____ |
| HEENT: | ❑ | ❑ _____ |
| CV: | ❑ | ❑ _____ |
| Chest: | ❑ | ❑ _____ |
| Abdomen: | ❑ | ❑ _____ |
| GU: | ❑ | ❑ _____ |
| Extremities/neuro: | ❑ | ❑ _____ |
| Other: | ❑ | ❑ _____ |

**Impression**:_____

**Plan**:_____

Prior to this operation/procedure, I discussed with the patient/guardian reasonable expectations regarding a beneficial outcome and alternative treatments. We also discussed the general and necessary risks and complications of the operation/procedure and the possible need for and the risk of blood or blood products and available alternatives. The patient/guardian has had all questions answered pertaining to this procedure. As a result, I believe that the patient/guardian understands the general necessary risks and potential benefits of this treatment and available alternatives and agrees to services.

_____ _____

Physician Signature Date & Time