

*Chief Complaint/History of Present Illness _____

*Allergies _____

*Medications	Dosage	Frequency

*Past Significant Surgery of Illness _____

Family History _____

Tobacco _____ Alcohol _____ Drugs _____

VITAL SIGNS AND MENTAL STATUS AS PER NURSING ASSESSMENT

HEENT _____

*Heart _____

*Lungs _____

Breasts _____

Abd/Pelvic/Rectal _____

Neuro _____

Extremities _____

Skin _____

Other Findings _____

*Admission Diagnosis _____

*Planned Treatment/Procedure _____

Date: _____ Time: _____ Physician Signature: _____

***CONDITION AT TIME OF SURGERY:** I have examined the patient, reviewed the H & P and there are no changes to the H & P unless noted below.

Physician

Date: _____ Time: _____

***Complete all starred lines for ALL patients. Complete all other lines pertinent to patients planned procedure or medical condition.**



PINNACLEHEALTH
Hospitals

**OUTPATIENT/OBSERVATION
HISTORY AND PHYSICAL**

PATIENT IDENTIFICATION



PATIENT NAME _____ MR# _____

PRE-OP ORDERS

Date/Time _____

_____ M.D./D.O.

POST-OP ORDERS

Date/Time _____

_____ M.D./D.O.

POSTOPERATIVE NOTE

Date/Time _____

Postoperative Diagnosis _____

Procedure _____

Specimen(s) _____

Practitioner _____

Complications _____

Estimated Blood Loss _____

Anesthesia _____

PROGRESS NOTE

DISPOSITION

Patient discharged to home _____

Patient admitted for 23-hour observation (document reason) _____

Patient admitted to hospital (document reason) _____

Physician _____

Signature _____ MD/DO Printed Name _____ Date _____ Time _____