Harmony Surgery Center
2127 East Harmony Road, Suite 200
Fort Collins, CO 80528
970-297-6300
www.harmonyasc.com

Short Form History and Physical

INDICATIONS/SYMPTOMS: _____

_____

_____

PAST MEDICAL HISTORY,
FAMILY & SOCIAL HISTORY: _____

_____

_____

EXISTING COMORBID CONDITIONS: _____

_____

_____

DRUG ALLERGIES: _____

_____

MEDICATIONS, DOSAGE & FREQUENCY: _____

_____

PHYSICAL EXAMINATION: **BP:** _____ **PULSE:** _____

NORMAL **COMMENTS**

☐ **MENTAL STATUS:** _____

☐ **LUNGS:** _____

☐ **HEART:** _____

☐ **EXAM SPECIFIC TO PROPOSED PROCEDURE:** _____

_____

☐ **PATIENT'S GENERAL CONDITION:** _____

_____

ASSESSMENT AND PLAN: _____

_____

Patient Identification

_____ _____
Physician Signature Date

SHORT FORM HISTORY AND PHYSICAL

White: Medical Records **Yellow: Physician's Office**