



HP1635

History and Physical Short Form

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Chief Complaint:

Date of Exam ____ / ____ / ____

Present Medical History:

Past Medical History:

Allergies or Adverse Drug Reaction:

Social History (Tobacco, ETOH etc.):

Current Medications:

Review of Systems:

Physical Examination:

Heart and Lungs:

Physical Area of Specialty:

BP _____ TEMPERATURE _____ PULSE _____ RESPIRATION _____

Other:

IMPRESSION:

PLAN:

Signature of Examining Physician: _____