PALOUSE
Surgery Center

HISTORY AND PHYSICAL

Name: _____ Date:____/____/____ DOB:____/____/____

Admitting Diagnosis: _____Surgery Date:____/____/_____

Surgical Procedure: _____

HPI/Chief Complaint: _____

_____

_____

_____

_____

PSHx/PMHx:_____

_____

_____

_____

_____

Social/Family History: _____

Habits: Alcohol/Tobacco:_____None ☐

Medications and Dosages: _____None ☐

_____

_____

_____

_____

_____

Allergies:_____None ☐

_____

_____

_____

_____

_____

Physical Examination:

	Normal	Abnormal
HEENT	☐	☐
HEART	☐	☐
LUNGS	☐	☐
ABDOMEN	☐	☐
EXTREMITIES	☐	☐

Review of Symptoms/Pertinent Positives:

_____

_____

_____

_____

_____

Assessment/Plan:_____

_____

_____

Physician Signature: _____ Date: _____