|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **History and Physical Exam** | | | | | | | | | Date | |
| **Patient Name** | | | | | | | | | **Date of Birth** | |
|  | | | | | | | | | | |
| **HISTORY:** | | | | | | | | | | |
| Review of Health Questionnaire Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **ALLERGIES:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Health issues requiring treatment or continued care: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **PHYSICAL EXAM:** | | | | | | | | | | |
| **Vital signs:** | | | Height |  | Weight |  | | BMI | |  |
| BP |  | | Pulse |  | Resp Rate |  | | Temp | |  |
|  | **Findings** | | | **Describe abnormal findings** | | | | | | |
| **Constitutional:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Head:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **EENT:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Neck:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Respiratory:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Cardiovascular:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Gastrointestinal:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Lymph:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Skin:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Neurologic:** | **Normal** | **Abnormal** | |  | | | | | | |
|  | | | | | | |
| **Additional Findings:** | | | | | | | | | | |
| **Impression and Treatment Recommendations:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Provider Name and credentials: | | | | | | | | | | |
| **Provider Signature:** | | | | | | | Date | | | |
| Client: | | | | | | | Client ID | | | |