Chief Complaint:_____

History:

Past Medical History:

Immunizations:

Surgeries/Illnesses:

LABS:

HCT:

HGB:

OTHER:

URINALYSIS/UCG:

EKG:

CHEST X-RAY:

Allergies:_____ **None** ☐

☐**Ethanol abuse** ☐**Tobacco use**_____ ☐ **Illicit drug use** ☐**Narcotic use** ☐ **Morbid Obesity**
☐ **Benzodiazapem/anti-anxiety use** ☐ **History of anesthesia use prior**

Blood Pressure_____ **Pulse**_____ **Temperature**_____ **Respiration**_____

	NORMAL	FINDINGS:
ENT		
HEAD/EYES/NECK		
CARDIOVASCULAR		
CHEST/LUNG		
BREAST		
ABDOMEN		
GU		
GI		
MUSCULOSKELETAL		
NEUROLOGICAL/SKIN		

Impression/Assessment:_____

Plan:_____

☐ **Anesthesia Consult Required (Reason)**_____

Physician Signature_____**Date**_____ **Time**_____

UPDATE: **I have reviewed the H&P dated:** _____ **and re-examined the patient.**

Please check one: ☐ **No changes to patient's condition** ☐ **Patient's condition has changed as follows:**

_____

_____

_____ _____ _____

Physician Signature ***Date*** ***Time***

Nashville General Hospital at Meharry
NASHVILLE, TN

109.095

History & Physical
Outpatient Surgery/Conscious Sedation

Place Patient Label Here