

CHIEF COMPLAINT: _____

HISTORY:	LABS:
	HCT:
PAST MEDICAL HISTORY:	HGB:
	OTHER:
IMMUNIZATIONS:	URINALYSIS/UCG:
	EKG:
SURGERIES/ILLNESSES	CHEST XRAY:

ALLERGIES: _____ NONE
Blood Pressure _____ Pulse _____ Temperature _____ Respirations _____
↑ Alcohol use _____ ↑ Tobacco use _____

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

IMPRESSION/ASSESSMENT: _____

PLAN: _____

PHYSICIAN'S SIGNATURE _____ DATE _____ TIME _____ am pm

ADDENDUM:

Physician Signature

Date

Time

NASHVILLE
**GENERAL
HOSPITAL**
at MEHARRY
NASHVILLE, TN



HISTORY & PHYSICAL-
Outpatient Surgery/Conscious Sedation
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Place Patient Label Here