

PRIMARY DIAGNOSIS			
SECONDARY DIAGNOSIS			
PLAN:	IMPRESSION:		
PHYSICAL EXAM			
	WITHIN NORMAL LIMITS:	ABNORMAL FINDINGS:	
HEAD	<input type="checkbox"/>		
HEART	<input type="checkbox"/>		
LUNGS	<input type="checkbox"/>		
BREASTS	<input type="checkbox"/>		
ABDOMEN	<input type="checkbox"/>		
SKIN	<input type="checkbox"/>		
REPRODUCTIVE	<input type="checkbox"/>		
Deferred to:	<input type="checkbox"/>		
RECTAL	<input type="checkbox"/>		
Deferred to:	<input type="checkbox"/>		
NEUROLOGICAL	<input type="checkbox"/>		
EXTREMITIES	<input type="checkbox"/>		
MENTAL STATUS	<input type="checkbox"/>		
SOCIAL HISTORY:		LOCATION	
TOBACCO USE:			
ALCOHOL USE:			
DRUG USE:			
SIGNIFICANT FAMILY OR PATIENT HISTORY			
PHYSICIAN'S SIGNATURE		DATE	TIME
UPDATE 24 HOURS PRIOR TO SURGERY OR PROCEDURE			
<input type="checkbox"/> No Change in Status <input type="checkbox"/> Change in Status, please explain:			
PHYSICIAN'S SIGNATURE		DATE	TIME