



GREATER LANSING

HISTORY AND PHYSICAL

PATIENT _____ DOB: _____ PRIMARY PHYSICIAN _____

HEIGHT _____ WEIGHT _____

HISTORY	
HISTORY AND INDICATIONS FOR PROCEDURE	
PAST MEDICAL HISTORY/REVIEW OF SYSTEMS (List only pertinent items) <input type="checkbox"/> No Significant Findings <input type="checkbox"/> Hx of Infectious Disease	
PAST SURGICAL HISTORY <input type="checkbox"/> None	
ALLERGIES OR MEDICATION REACTIONS <input type="checkbox"/> None Known <input type="checkbox"/> Latex	
MEDICATIONS <input type="checkbox"/> No Medications Taken <input type="checkbox"/> See Patient Profile	
FAMILY HISTORY <input type="checkbox"/> Non-contributory	
PSYCHOSOCIAL HISTORY <input type="checkbox"/> Non-contributory	
PEDIATRICS (If Applicable) <input type="checkbox"/> Immunizations up to date <input type="checkbox"/> Immunization status unknown	

HISTORY		
PERTINENT DIAGNOSTIC TEST RESULTS (If Applicable)		
		SIGNIFICANT FINDINGS
HEART	<input type="checkbox"/> WNL	
LUNGS	<input type="checkbox"/> WNL	
MENTAL STATUS	<input type="checkbox"/> WNL	
HEENT	<input type="checkbox"/> WNL	
NECK	<input type="checkbox"/> WNL	
ABDOMEN	<input type="checkbox"/> WNL	
EXTREMITIES	<input type="checkbox"/> WNL	
GENITOURINARY	<input type="checkbox"/> WNL	
MUSCULOSKELETAL (IF D.O.)	<input type="checkbox"/> WNL	
DIAGNOSIS		
PLANNED PROCEDURE		
PHYSICIAN SIGNATURE _____		
DATE _____ TIME _____		
REQUIRED IF H&P IS > 24 HRS, BUT < 30 DAYS OLD		
In the past 30 days patient states:		
<input type="checkbox"/> No health change <input type="checkbox"/> Health change		
At time of admission for procedure		
<input type="checkbox"/> The H&P was reviewed, the patient examined, and no change has occurred in the patient's condition since the H&P was completed		
<input type="checkbox"/> Change recorded in Pre-op Note		
_____ Date: _____ Time: _____		
Attending Physician Signature		



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