

EMU Surgical Center
HISTORY AND PHYSICAL EVALUATION



Patient's Name: _____

Diagnosis: _____

Proposed Procedure: _____

Past Medical History/ROS (if not WNL please explain)

HEENT: WNL abnormal

Skin: WNL abnormal

Musculoskeletal: WNL abnormal

Gastrointestinal: WNL abnormal

Cardiovascular: WNL abnormal

Pulmonary: WNL abnormal

Endocrine: WNL abnormal

Neurological: WNL abnormal

Other: _____

Allergies NKDA Other

Physical Exam

HEENT WNL abnormal

Cardiovascular WNL abnormal

Pulmonary WNL abnormal

Extremities WNL abnormal

Abdomen WNL abnormal

Physician's Signature: _____ Date: _____

Update Note:

I have reviewed the information provided in the attached history and physical. I have examined the patient and documented any changes in the patient's condition since the information was obtained.

Physician's Signature: _____ Date: _____