

Date: Patient Name:

**Chief Complaint:** Reason for Admission:

History of Present Illness:

Template for Dictating a History and Physical

Ext 2-9007, work type #09: Enter FIN (not MRN) State your name, Patient Name, Patient MRN and FIN, Admitting Attending, Date of service

# Patient MR/FIN:

PCP: Code Status: Surrogate Decision Maker:

(Location, Severity, Timing, Quality, Duration, Context, Modifying factors, Associated signs & symptoms—minimum 4 of 8)

Extremiti	ties
Extremiti	ties
Neck Neuro	
Respiratory Psych	
Cardiac GU/Geni Rectal	nital
GI Other	Lines/Foley

BP

RR

State if Radiology ordered / reviewed, Old / electronic chart reviewed

HR

## Assessment/Plan by Problem

Physical Exam:

Vital signs: Temp

(all admitting diagnoses, pertinent chronic problems. State reason for admission and what level of care):

Hospital issues: DVTp Diet Ambulation Status Dispo

Bed Request
Admit Orders
Med Rec
Code Status Note
H&P or MRAN
Update Cache
Team Color

## Past / Family / Social History (must include all 3) Past Medical / Surgical Hx/Chronic Medical Issues:

(if unable to obtain any of these sections, state why)

## Social History:

Tobacco, ETOH, recreation drugs Functional status/ambulation Home, support system Family History:

## Allergies:

Medications:

Review of Systems: (need 10+ or reason not done)			
Constitutional	-	Fever, chills, malaise	
Eyes	-	Vision, pain	
ENT/mouth	-	Teeth, sore throat	
Cardiovascular	-	CP, palpitations, orthopnea	
Respiratory	-	SOB, cough, pleuritic CP	
GI	-	N/V/D, abd pain	
GU	-	Dysuria, hematuria	
Musculoskeletal	-	Myalgia, arthralgia, weakness	
Integumentary	-	Rashes, lesions	
Neurological	-	Focal weakness, numbness	
Psychiatric	-	Delusions, depression	
Endocrine	-	Polyuria, polydipsia	
Heme / lymph	-	Bruising, bleeding, LAD	
Allergy / immune	-	Seasonal, frequent infections	