



TRANSFUSION HISTORY  NONE  UNKNOWN  
 DATE: \_\_\_\_\_ COMPLICATIONS/REACTIONS \_\_\_\_\_

FAMILY HISTORY: \_\_\_\_\_

SOCIAL HISTORY: \_\_\_\_\_

TRAVEL HISTORY: \_\_\_\_\_ OCCUPATIONAL EXPOSURE \_\_\_\_\_

**SUBSTANCE USE HISTORY**

Any History of Alcohol Dependence?  NO  YES If yes, describe: \_\_\_\_\_  
Any History of Alcohol Withdrawal?  NO  YES If yes, describe: \_\_\_\_\_  
Any History of Other Substance Abuse?  NO  YES If yes, describe: \_\_\_\_\_

**INVESTIGATIONAL DRUG/DEVICES NO YES**

Type: \_\_\_\_\_  
Investigator: \_\_\_\_\_  
Contact #: \_\_\_\_\_

**REVIEW OF SYSTEMS:**

	Within Normal Limits	Abnormal	Comments
General:			
Respiratory:			
Cardiac:			
EENT:			
NEURO:			
GI:			
GU:			
Endocrine:			
Skin:			
Musculoskeletal:			
Reproductive:			
Hematologic/Lymp:			
Psychiatric:			

Lab / Radiology / EKG findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1 General Appearance: \_\_\_\_\_

2 HEENT: \_\_\_\_\_

3 Skin: \_\_\_\_\_

4 Neck: \_\_\_\_\_

5 Nodes: \_\_\_\_\_

6 Heart: \_\_\_\_\_

7 Chest/Lungs: \_\_\_\_\_

8 Abdomen: \_\_\_\_\_

9 Musculoskeletal: \_\_\_\_\_

10 Neuro: \_\_\_\_\_

11 Extremities/Spine: \_\_\_\_\_

12 Breasts: \_\_\_\_\_

13 GU/External Genitalia / Pelvic Exam: Declined Not Done \_\_\_\_\_

14 Rectal: Declined Not Done \_\_\_\_\_

ADMITTING DIAGNOSIS: \_\_\_\_\_

SECONDARY DIAGNOSIS: \_\_\_\_\_

PLAN: \_\_\_\_\_

ESTIMATED LENGTH OF STAY: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & CREDENTIAL: \_\_\_\_\_ PAGER# \_\_\_\_\_

ATTENDING NOTE: I have personally seen and examined the patient and reviewed the History and Physical examination, laboratory studies and proposed management. My findings include:

ATTENDING SIGNATURE \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_



