Texas Health
Center for Diagnostics & Surgery
PLANO

Patient Identification

SHORT STAY HISTORY & PHYSICAL

Chief Complaint:			
Present Illness:			
Allergies: ❑ NKA ❑ List of Allergies Reviewed			
Medications: ❑ None ❑ List of Medications Reviewed		**Height**	**Weight**
Past Medical History:			
Surgical:	❑ NONE		
Social:	❑ NONE	**Smokes**	**Alcohol**
Family:	❑ NON-CONTRIBUTORY		

Physical Exam	**Vital signs Reviewed:** ❑ **Yes**
MENTAL STATUS	❑ ALERT AND ORIENTED
HEENT	❑ NORMO-CEPHALIC, NO MASSES, PEERL
BREASTS	❑ WNL ❑ NOT EXAMINED
C-V SYSTEM	❑ NORMAL HEART SOUNDS
LUNGS	❑ CLEAR
ABDOMEN	❑ SOFT, NON-TENDER, SOUNDS NORMAL
GENITALIA	❑ WNL ❑ NOT EXAMINED
M-S SYSTEM **SURGERY**	❑ TENDERNESS ROM ❑ WNL ❑ DECREASED ❑ INSTABILITY ❑ STABILITY WNL ❑ WEAKNESS ❑ STRENGTH WNL ❑ EFFUSION ❑ DEFORMITY ❑ SWELLING ❑ COMPARTMENTS SOFT ❑ SKIN INTACT ❑ BRUISING ❑ REDNESS/WARMTH ❑ LACERATION ❑ SPECIAL SIGNS
M-S SYSTEM **SPECIALS**	❑ NON-CONTRIBUTORY ❑ INCREASED PAIN WITH: ❑ FLEXION ❑ EXTENSION ❑ LATERAL BENDING - ❑ RIGHT ❑ LEFT ❑ NORMAL BULK, TONE IN EXTREMITIES: ❑ F.R.O.M ❑ DECREASED R.O.M. ❑ INCREASED TONE ❑ TRIGGER POINTS – IN: PARASPINOUS ❑ CERVICAL ❑ THORACIC ❑ LUMBAR ❑ TRAPEZIUS PARASCAPULAR GLUTEALS EXT: ❑ UPPER ❑ LOWER ❑ OTHER
NEUROLOGIC/ PSYCHO-SOCIAL	❑ NO SENSORY DEFICITS ❑ DECREASED SENSATION IN: ❑ NO MOTOR DEFICITS ❑ DECREASED STRENGTH IN:
IMPRESSION	
PLAN	

_____		
Physician's Signature	**Date**	**Time**

This section is to be completed if the H&P was done prior to the day of admission:

☐ **This patient has been re-examined and there have been NO changes in the patient's medical status. The necessity of the procedure or care is present. The H&P is current.**

☐ **This patient has been re-examined and there have been changes in the patient's medical status. Please see the H&P update note in the Progress Notes.**

_____	_____	_____
Physician's Signature	**Date**	**Time**