Inpatient History & Physical Form

Internal Medicine
Greenville Hospital System

( ) Initial Visit ( ) Consult requested by:

Date: Service:
1º MD: Attending:

Patient Stamp

NAME: **AGE:**
MRN: **ROOM#:**

Chief Complaint/Reason for Consult:

Allergies:

History of Present Illness:

Medications and Dosages:

Past Medical/Surgical History:

Social History:

Family History:

Patient Stamp

Comprehensive Review of Systems

☐ ROS NOT OBTAINABLE BECAUSE

Constitutional:

YES	NO	DESCRIBE
☐	☐	Fever, sweats or chills
☐	☐	Fatigue, anorexia, weight loss or gain
☐	☐	Weakness

Skin:

YES	NO	DESCRIBE
☐	☐	Rashes, no skin breakdown

Head:

YES	NO	DESCRIBE
☐	☐	Headache
☐	☐	Visual changes
☐	☐	Earache, sinus problems, sore throat
☐	☐	Cough, snoring or mouth ulcers

Cardiovascular:

YES	NO	DESCRIBE
☐	☐	Chest pain or palpitations
☐	☐	Syncope
☐	☐	Edema

Respiratory:

YES	NO	DESCRIBE
☐	☐	Shortness of breath
☐	☐	Cough or sputum production
☐	☐	Dyspnea on exertion orthopnea
☐	☐	Pleuritic chest pain

Gastrointestinal:

YES	NO	DESCRIBE
☐	☐	Heartburn, dysphagia
☐	☐	Nausea or vomiting
☐	☐	Diarrhea or constipation
☐	☐	Melena or BRBPR
☐	☐	Hematemesis
☐	☐	Abdominal pain

Genitourinary:

YES	NO	DESCRIBE
☐	☐	Dysuria, frequency or urgency
☐	☐	Menstrual irregularities
☐	☐	LMP __________________
☐	☐	Frequent UTI's
☐	☐	Pain/Hematuria

Musculoskelatal:

YES	NO	DESCRIBE
☐	☐	Muscle aches, arthralgias or arthritis

Neurologic:

YES	NO	DESCRIBE
☐	☐	Mental status changes
☐	☐	Headaches
☐	☐	Dizziness
☐	☐	Weakness or numbness
☐	☐	Seizures
☐	☐	Ataxia

Hematopoietic:

YES	NO	DESCRIBE
☐	☐	Lymphadenopathy
☐	☐	Bleeding tendencies

Psychiatric:

YES	NO	DESCRIBE
☐	☐	History of anxiety or depression
☐	☐	Hallucinations/Delusions

Endocrine:

YES	NO	DESCRIBE
☐	☐	History of diabetes
☐	☐	History of thyroid problems

Other Symptoms:

Patient Stamp

Physical Exam

Vitals:
Wt: Temp: BP: P:
HT: Resp: Sat:

Constitutional:
- ☐ nl general appearance

Head:
- ☐ Normo-cephalic/atraumatic
- ☐ PERRLA
- ☐ EOMI
- ☐ nl sclera
- ☐ Vision

Ears, Nose, Mouth & Throat:
- ☐ nl inspection of nasal mucosa, septum, turbinates, teeth, gums & oropharynx
- ☐ nl ear canal and T

Neck:
- ☐ nl neck appearance & jugular veins
- ☐ Thyroid not palpable, non-tender

Lymph Nodes
- ☐ nl neck, supraclavicular or axillary adenopathy

Skin/Extremities:
- ☐ Rashes, lesions or ulcers
- ☐ Digits & nails
- ☐ Edema

Breast Evaluation:
- ☐ No skin changes
- ☐ No nipple discharge
- ☐ No lumps/masses
- ☐ Fibrocystic changes

Respiratory:
- ☐ Chest symmetric, nl chest Expansion & respiratory effort
- ☐ nl auscultation
- ☐ nl chest percussion & palpation

Cardiovascular:
- ☐ Reg rhythm
- ☐ No murmur, gallop or rub
- ☐ Periph vasc no by ovserv & palpation

Gastrointestinal:
- ☐ No tenderness or masses
- ☐ Liver & spleen not felt
- ☐ nl bowel sounds
- ☐ Heme negative stool

Musculoskeletal:
- ☐ nl muscle strength, movement & tone, no focal atrophy
- ☐ nl gait & station

Genito-urinary:
- ☐ no pelvic exam
- ☐ nl testes

Labs and Studies

CBC:

BMP:

CXR:

EKG:

Neurologic:
- ☐ Alert and oriented
- ☐ nl reflexes upper and lower extremities
- ☐ Cranial nerves intact

Psychiatric:
- ☐ nl mood/affect

Patient Stamp

Assessment:

Plan:

Attending HPI:

Attending PE:

Attending Assessment and Plan:

Resident signature: MD PGY1, PGY2, PGY3 Date: Pager: /1439

Resident name printed: Dictated by: Intern Pager: /1872

Attending signature: Date: .

Attending: Ansari Atkisson Bowers Bruch Call Chang Cochrane Curran Ferraro Fuller Gilroy Hayes Kelly Knight Latham McCraw McFarland Meyer North-Coombes Schrank Sinopoli Smith Surka Von Hofe Wagstaff Watson Weber Weems White