



**HISTORY AND PHYSICAL
PERIOPERATIVE SERVICES**

Patient
Name

Medical Record
Number

Birthdate

Form CHP203 Rev. 04/08

HISTORY AND PHYSICAL

HISTORY

RECENT ILLNESSES (If Applicable)

AREA	NORMAL	ABNORMAL	EXPLANATION OF ABNORMAL FINDINGS
*Body, Habitus/Size for Age			
*Head, Neck			
Eyes			
Ears, Nose and Throat			
*Heart			
*Lungs			
Abdomen			
Genitalia/Rectum			
Extremities			
Skin			
Lymphatics			
*Neurologic			

***Required element. In addition, all abnormal findings must be explained.**

ADMITTING DIAGNOSIS:

PLANNED PROCEDURE:

SIGNATURE NP or PA	DATE / /	TIME	SIGNATURE: PHYSICIAN (for original H&P only)	DATE / /	TIME
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HISTORY AND PHYSICAL UPDATE
(Required if completed prior to the day of surgery & < 30 days old. If over 30 days, a new H&P is required.)

History - No change
 History - Changes _____

Physical - No change
 Physical - Changes _____

SIGNATURE NP or PA	DATE / /	TIME	SIGNATURE: PHYSICIAN	DATE / /	TIME
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LABORATORY (IF APPLICABLE)

Hgb	PLATELETS	PRE OP LAB TESTS
Hct	PT (PATIENT CONTROL)	
WBC	PTT (PATIENT CONTROL)	OTHER
SIGNATURE	TIME	DATE / /

