

FOCUSED PHYSICIAN ASSESSMENT RECORD

For Ambulatory Surgery and OP Observation Patients (IP requires electronic H&P)

CHIEF COMPLAINT:
HISTORY OF PRESENT ILLNESS:
MED/SURGICAL HISTORY:
FAMILY/SOCIAL HISTORY:

Alcohol Use: ☐ Y ☐ N Amount : _____ Last Used: _____
 Tobacco Use: ☐ Y ☐ N Amount : _____ Last Used: _____

RELEVANT REVIEW OF SYSTEMS:

	Negative	Positive	Describe positive ROS findings:
GENERAL	<input type="checkbox"/>	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
HEART	<input type="checkbox"/>	<input type="checkbox"/>	
LUNG	<input type="checkbox"/>	<input type="checkbox"/>	
GI	<input type="checkbox"/>	<input type="checkbox"/>	
GU	<input type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULO	<input type="checkbox"/>	<input type="checkbox"/>	
ENDOCRINE	<input type="checkbox"/>	<input type="checkbox"/>	
HEMATOLOGIC	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input type="checkbox"/>	<input type="checkbox"/>	

Allergies & Medication Reactions:

See Current Medications & Dosage (List)
 Available On Medication Reconciliation Form

RELEVANT PHYSICAL EXAM: (** LUNGS, HEART, IMPRESSION AND PLAN ARE REQUIRED)

General	Head/Neck
**Lungs/Airway	Abdomen
**Heart	Other

****IMPRESSION:**
****PLAN OF CARE:**

HOUSE STAFF PHYSICIAN SIGNATURE: _____ ID # _____ Date _____ Time _____

PHYSICIAN SIGNATURE: _____ ID # _____ Date _____ Time _____

H & P UPDATE:

☐ H&P was reviewed, the patient was examined, and no change has occurred in the patient's condition since the H&P was completed.

☐ H&P was reviewed and the patient was examined revealing the following changes: _____

HOUSE STAFF PHYSICIAN SIGNATURE: _____ ID # _____ Date _____ Time _____

ATTENDING PHYSICIAN SIGNATURE: _____ ID # _____ Date _____ Time _____

Ambulatory Surgery /Observation patients converted to Inpatient status **REQUIRES** a complete electronic H&P within 24 hours of inpatient admission. If this form was used for emergency surgery, the electronic H&P is required to be completed within 24 hours of inpatient admission

