

## FOCUSED PHYSICIAN ASSESSMENT RECORD

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

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CHIEF COMPLAI	NT:				Allergies & M	ledication Reac	tions:	
HISTORY OF PRE	ESENT IL	LNESS:						
MED/SURGICAL HISTORY:					See Current Medications & Dosage (List) Available On Medication Reconciliation Form			
FAMILY/SOCIAL	HISTORY	<b>'</b> :						
Alcohol Use:	ΩY	OΝ	Amount :		Last Used:			
Tobacco Use:	ΩY	□N	Amount :		Last Used:			
RELEVANT REVI	EW OF S		Positive	Describe positive	ROS findinas:			
GENERAL					<b>g</b>			
HEENT	۵							
HEART								
LUNG								
GI								
GU								
NEURO			٥					
MUSCULO								
ENDOCRINE								
HEMATOLOGIC								
SKIN			٥					
RELEVANT PHYS	SICAL EX	AM: (** I	UNGS, HEART	, IMPRESSION AND	PLAN ARE REQU	IRED)		
General				Head/Neck				
**Lungs/Airway Abdome								
**Heart				Othe	r			
**IMPRESSION:								
**PLAN OF CARE	i:							
HOUSE STAFF PHYSICIAN SIGNATURE:					ID#	Date	Time	
PHYSICIAN SIGNATURE:					ID #	Date	Time	<del></del>
	ed, the pat			change has occurred in taling the following chang		on since the H&P	was completed.	
HOUSE STAFF PHYSICIAN SIGNATURE:					ID#	Date	Time	<del></del>
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

