Internal Medicine History and Physical

Chief Complaint: ____ **Date:** ______________

Time: ______________

History of Present Illness:____

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Review of Systems:

[ ] Unobtainable due to ________________________

	yes	no		yes	no		yes	no		yes	no
General: fatigue	[ ]	[ ]	CV: chest pain	[ ]	[ ]	GU: dysuria	[ ]	[ ]	Endo: polyuria	[ ]	[ ]
weight loss	[ ]	[ ]	edema	[ ]	[ ]	frequency	[ ]	[ ]	polydypsia	[ ]	[ ]
fever	[ ]	[ ]	PND	[ ]	[ ]	hematuria	[ ]	[ ]	polyphagia	[ ]	[ ]
chills	[ ]	[ ]	orthopnea	[ ]	[ ]	discharge	[ ]	[ ]	heat/cold intolerance	[ ]	[ ]
night sweats	[ ]	[ ]	palpitations	[ ]	[ ]	menstrual problems	[ ]	[ ]	Derm: rash	[ ]	[ ]
Eyes: visual change	[ ]	[ ]	claudication	[ ]	[ ]	Musc-skel: arthralgia	[ ]	[ ]	pruritis	[ ]	[ ]
pain	[ ]	[ ]	Resp: cough	[ ]	[ ]	arthritis	[ ]	[ ]	Neuro: weakness	[ ]	[ ]
redness	[ ]	[ ]	SOB	[ ]	[ ]	joint swelling	[ ]	[ ]	seizures	[ ]	[ ]
ENT: headaches	[ ]	[ ]	wheezing	[ ]	[ ]	myalgias	[ ]	[ ]	paresthesias	[ ]	[ ]
hoarseness	[ ]	[ ]	hypersomnolence	[ ]	[ ]	backpain	[ ]	[ ]	tremor	[ ]	[ ]
sore throat	[ ]	[ ]	GI: abdominal pain	[ ]	[ ]	Heme/Lymph: bleeding	[ ]	[ ]	syncope	[ ]	[ ]
epistaxis	[ ]	[ ]	stool changes	[ ]	[ ]	brusing	[ ]	[ ]	Psych: anxiety	[ ]	[ ]
sinus symptoms	[ ]	[ ]	nausea/vomiting	[ ]	[ ]	clotting	[ ]	[ ]	depression	[ ]	[ ]
hearing loss	[ ]	[ ]	diarrhea	[ ]	[ ]	transfusions	[ ]	[ ]	hallucinations	[ ]	[ ]
tinnitus	[ ]	[ ]	heartburn	[ ]	[ ]	lymph node swelling	[ ]	[ ]	All/Imm: hayfever	[ ]	[ ]
			blood in stool	[ ]	[ ]				bee sting allergy	[ ]	[ ]

Other ROS: ______________________________________

[ ] All other ROS reviewed and were NORMAL.

Past Medical History:____________________________

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Past Surgical History: ________________________

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Family History: ______________________________

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Social History: ______________________________

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Cigs [ ] No [ ] Yes → Pack-yrs: ___________________

EtOH [ ] No [ ] Yes → Amount: ___________________

Illicits [ ] No [ ] Yes → Type: ___________________

Allergies: [ ] NKDA Other: ______________________

Medications: _________________________________

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Regional Medical Center at Memphis

INTERNAL MEDICINE HISTORY & PHYSICAL

Addressograph/Patient ID

FORM NO. 6024.013 (Rev. 11/05)

Physical Exam

T _______ RR _______ BP___________ HR _______ Wt _______ (lbs) Ht _______ (in) BMI _______ O_2 Sat _______ on _______

Eyes
Pupils [ ] equal, round, & reactive
[ ] nl conjunctiva & lids
Fundus [ ] nl discs & vessels
Vision [ ] acuity & gross fields intact
Abnormals:

ENT External [ ] no scars, lesions, masses
Otoscopic [ ] nl canals, tympanic membranes
Hearing [ ] nl to finger rub
Oropharynx [ ] nl teeth, tongue, palate, pharynx
Abnormals:

Neck External [ ] no tracheal deviation
Palpation [ ] no masses or crepitus
Thyroid [ ] no 'megaly or tenderness
Abnormals:

GI Palpation [ ] no masses or tenderness
[ ] no hep/splenomegaly
Auscultation [ ] nl bowel sounds
Percussion [ ] no shifting dullness
Anus/rectum [ ] no abnormality or masses
[ ] heme negative stool
Abnormals:

Resp
Effort [ ] nl without retractions
Percussion [ ] no dullness or hyperresonance
Palpation [ ] no fremitus
Auscultation [ ] CTAB w/o W, R, or R
Abnormals:

Skin [ ] no rashes, lesions, ulcers
[ ] nl turgor
Chest/Breast [ ] nl inspection & palpation
Lymph nodes [ ] no axillary, inguinal, cervical, or submandibular LAD
Genitourinary [ ] nl external genitalia
[ ] nl vaginal tone, mucosa
[ ] no cervical motion tenderness
[ ] nl penis & scrotal contents
[ ] nl prostate size and texture
Psych [ ] nl cognition
[ ] MMSE ___________
[ ] nl mood and affect
Abnormals:

CV Palpation [ ] PMI nondisplaced
Auscultation [ ] no murmur, gallop, or rub
Carotids [ ] nl intensity w/o bruit
JVD [ ] no jugulovenous distension
Pulses [ ] 2+/= femoral & pedal pulses
Edema [ ] no pedal edema
Abnormals:

Neuro
Orientation [ ] A&O to person, place, time
Cranial nerves [ ] CN II-XII intact
Sensory [ ] nl sensation throughout
Reflexes [ ] 2+ + and symmetrical throughout
Abnormals:

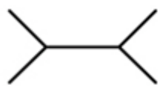
Musculoskeletal

	Inspection	ROM	Strength	Tone (√ if normal)	Abnormals:
Upper extrem	[ ]	[ ]	[ ]	[ ]	
Lower extrem	[ ]	[ ]	[ ]	[ ]	

Gait [ ] nl gait and station

Other: [ ] no apparent distress

Labs:



Differential:
Neuts ____
Bands ____
Lymphs ____
Monos ____
Eos ____

Indices:
MCV ____
RDW ____
MCH ____
MCHC____

Mag	Phos	Cal	AlkPhos
GGT	AST	ALT	NH4
Alb	TotProt	TotBili	DirBili

Urinalysis:
SpGrav ____
Prot ____
Gluc ____
LE ____
Nit ____
WBC ____
RBC ____
Other:

X-ray:

EKG:

Other:

Assessment & Plan: ____
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Signature: ___________________________________

Date: _______________________________________

Attending MD [ ] I've examined the patient.

[ ] I've reviewed with housestaff and agree with the above.

Signature ______________________________ Date: ____________

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INTERNAL MEDICINE HISTORY & PHYSICAL

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