

*Chief Complaint/History of Present Illness _____

*Allergies _____

*Medications	Dosage	Frequency
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*Past Significant Surgery OR Illness _____

Family History _____

Tobacco _____ Alcohol _____ Drugs _____

VITAL SIGNS AND MENTAL STATUS AS PER NURSING ASSESSMENT

HEENT _____

*Heart _____

*Lungs _____

Breasts _____

Abd/Pelvic/Rectal _____

Neuro _____

Extremities _____

Skin _____

Other Findings _____

*Admission Diagnosis _____

*Planned Treatment/Procedure _____

Physician _____	(Signature)	(Printed Name)	(Date)	(Time)
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***Complete all starred lines for ALL patients. Complete all other lines pertinent to patients planned procedure or medical condition.**

UPMC Pinnacle

PATIENT IDENTIFICATION

OUTPATIENT PROCEDURE HISTORY AND PHYSICAL

