

Upper Bay Surgery Center

HISTORY AND PHYSICAL

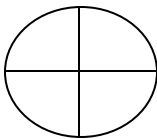
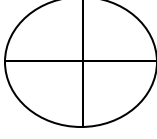
Patient:	Date:
Chief Complaint/HPI: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Meds: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Allergies: (Latex Y/N) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	PMH/PSH: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Social Hx. <input type="checkbox"/> Tobacco <input type="checkbox"/> ETOH <input type="checkbox"/> Recreational Drug Use	

Review of Systems: (Key: Circled= positive)

General: significant wt. loss/gain, fevers, night sweats, fatigue, weakness, undesirable weight Cardiovascular: palpitation, chest pain, edema, claudication Respiratory: dyspnea, cough, orthopnea, paroxysmal nocturnal dyspnea, hemoptysis, wheezing Eye: visual problems, tinnitus, rhinitis, oral ulcers Heme/Lymph: bleeding disorders, easy bleeding/bruising, inflamed lymph nodes GI: dysphagia, abdominal pain, hematochezia, melena, vomiting, diarrhea, constipation, reflux/heartburn, loss of appetite	GU: dysuria, frequency, urgency, incontinence, nocturia, hesitancy, testicular masses, pain, vaginal discharge Musculoskeletal: arthritis, joint pain, joint swelling, back pain, loss of strength Neuro: sleep disorders, seizures, memory loss, headache, motor/sensory disorder Psychiatric/stress: depression, anxiety, hallucinations Repro/Endo: Polyuria, polydipsia, heat/cold intolerance, breast lumps, menstrual abnormalities, sexual difficulties, hair loss Skin: lesions, rashes, jaundice Allergies: environmental, seasonal
BP: TEMP: PULSE: RR: WEIGHT: HEIGHT: BMI:	
General Appearance: <input type="checkbox"/> A&Ox3 <input type="checkbox"/> Normal Affect <input type="checkbox"/> WDWN <input type="checkbox"/> NAD	
Comments: _____ _____	
Lungs: <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Percussion of chest normal <input type="checkbox"/> Normal Respiratory Effort Comments: _____	
Heart: <input type="checkbox"/> Regular rate and rhythm <input type="checkbox"/> Normal palpitation of heart <input type="checkbox"/> No murmur or gallop Comments: _____	

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Abdomen: <input type="checkbox"/> BS normoactive <input type="checkbox"/> No masses <input type="checkbox"/> No organomegaly <input type="checkbox"/> No hernia <input type="checkbox"/> Soft <input type="checkbox"/> Non-Tender <input type="checkbox"/> Negative Murphy's <input type="checkbox"/> No CVAT <input type="checkbox"/> No bruit	
Neck and Thyroid: <input type="checkbox"/> Neck supple, FROM <input type="checkbox"/> Normal cervical nodes <input type="checkbox"/> No hernia <input type="checkbox"/> No thyroid masses/enlargement <input type="checkbox"/> Carotids equal, no thrill/bruit	
Throat: <input type="checkbox"/> Oropharynx NL	
Lymph Nodes: Non palpable in: <input type="checkbox"/> Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin	
Breast Exam: <input type="checkbox"/> Deferred <input type="checkbox"/> No Masses <input type="checkbox"/> No discharge <input type="checkbox"/> No tenderness <input type="checkbox"/> Symmetrical <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Right  </div> <div style="text-align: center;"> Left  </div> </div>	
Eyes: <input type="checkbox"/> PERRLA <input type="checkbox"/> EOMI <input type="checkbox"/> Conjunctive NL	
Ears:	
Extremities:	
Pelvic/genitalia – Female: <input type="checkbox"/> Vulva normal <input type="checkbox"/> Cervix normal <input type="checkbox"/> Bladder normal <input type="checkbox"/> Deferred <input type="checkbox"/> Vagina normal <input type="checkbox"/> Uterus normal <input type="checkbox"/> No cyctocele, no rectocele <input type="checkbox"/> Urethra normal <input type="checkbox"/> Adnexae normal <input type="checkbox"/> Pap done	
Pelvic/genitalia – Male: <input type="checkbox"/> Testes normal <input type="checkbox"/> Penis normal Prostate: <input type="checkbox"/> Soft <input type="checkbox"/> Non-tender <input type="checkbox"/> No nodules <input type="checkbox"/> Deferred <input type="checkbox"/> Normal size	
Skin: <input type="checkbox"/> No lesions or rashes noted <input type="checkbox"/> Normal to palpitation	
Impression/Diagnosis:	
Treatment or Diagnosis Plan:	
Cleared for Surgery: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Follow Up: <input type="checkbox"/> PRN for changing or worsening symptoms <input type="checkbox"/> If not better in _____ days / weeks <input type="checkbox"/> Follow up in _____ weeks / months	
Signature _____ Date: _____	
<input type="checkbox"/> Patient assessment no changes since previous assessment.	

Signature: _____ Date: _____