

**HISTORY, PHYSICAL AND DISCHARGE NOTE FOR SHORT STAY PATIENTS
(FOR OUTPATIENT AND CASES OF A MINOR, UNCOMPLICATED NATURE IN THE HOSPITAL FOR 48 HOURS OR LESS)**

PT. NAME: _____ HOSP. # _____ ADM. DATE _____

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST HISTORY:

FAMILY HISTORY:

SOCIAL HISTORY:

ALLERGIES:

MEDICATIONS:

REVIEW OF SYSTEMS:

HEENT	Genitourinary	Neuropsychiatric
Cardiorespiratory	Gynecologic	Skin
Gastrointestinal	Musculoskeletal	

PHYSICAL EXAMINATION

PULSE: _____ BP: _____ TEMP: _____ RESP. _____

HEENT:

HEART:

LUNGS:

ABDOMEN:

GYNECOLOGY (INCLUDE BREAST, PELVIC & RECTAL EXAMS):

EXTREMITIES:

PERTINENT LAB AND RADIOLOGIC FINDINGS:

IMPRESSION OR PRE-OP DIAGNOSIS:

PLAN OF CARE:

IMMEDIATE POST-OPERATIVE NOTE

PROCEDURE:

OPERATIVE FINDINGS/COMPLICATIONS:

EBL:

SPECIMEN TO LAB: None or List:

HOSPITAL COURSE:

DISCHARGE NOTE

CONDITION ON DISCHARGE:

DISPOSITION & DISCHARGE:

INSTRUCTIONS TO PATIENT:

(Include discharge meds)

POST-OP OR FINAL DIAGNOSIS:

H&P Updated (Required at the time of admission/visit) DATE: _____ TIME: _____

No Change in condition since initial assessment Change in condition since last assessment. Updated below: _____

