History and Physical Form

Examiner and clinic/hospital information	
Name:	
Address:	
Contact number:	
Physician/examiner:	
Date and time of examination:	
Examiner’s signature:	
Patient information	
Name:	Date of birth:
Age:	Gender:
Patient ID:	
Insurance information:	
Patient’s signature:	
Medical information	
Chief complaint/presenting complaint:	
History of chief/presenting complaint (symptoms and relevant risk factors):	
Medical history:	

Surgical history:
Medications (both prescribed and over the counter):
Allergies:
Family history:
Personal and social history (general well-being, alcohol/smoking/drug use, HIV risk factors, family relationships, etc.):
Physical examination
Vital signs

Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
Oxygen saturation:	Other ( ):

Systems review	
Skin:	HEENT:
Neck:	Cardiovascular:
Respiratory:	Gastrointestinal:
Musculoskeletal:	Genitourinary:
Neurological:	Central nervous system:
Endocrine:	Other:

Additional notes