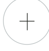
SPECTRUM HEALTH

☐ Reed City Hospital ☐ Big Rapids Hospital

Patient Name
DOB
MRN
Physician
FIN



History/Physical
PRE-PROCEDURE/TIME OF PROCEDURE

Date of examination ______________ Date of procedure ______________

Admitting diagnosis ______________ Proposed procedure ______________

PRE-PROCEDURE

HISTORY

History of present illness ______________

Significant past medical history ______________

Operations ______________

Other medical conditions ______________

Pertinent Family/Social history ______________

Allergies ______________

Current medication(s) ______________

☐ See medication list on record

Relevant laboratory and X-ray ______________

Smoking history ______________

Alcohol usage ______________

PHYSICAL EXAM

Height ________ Weight ________ Blood pressure ________ Pulse ________ Temperature ________

	No Abnormalities (check)	Abnormalities (Comment)
EENT	☐	
Neck	☐	
Heart	☐	
Lungs	☐	
Neurological	☐	
Breast	☐	

	No Abnormalities (check)	Abnormalities (Comment)
Abdomen/Rectal	☐	
Genital/Pelvic	☐	
Extremities	☐	
Mental status	☐	
Other	☐	

Note(s) ______________

TIME ________ **DATE** ________ Physician signature ______________

TIME OF PROCEDURE (To be completed immediately prior to the procedure)

HISTORY UPDATE

The history and physical exam dated ______________ (date) has been reviewed with the patient. The chief complaint, history of present illness, review of systems; social history; family history are as recorded and no new allergies are identified. The patient specifically denies any new chest pain, shortness of breath, cough, or any recent infections, with the following exceptions.

☐ **No changes** ☐ **Changes**

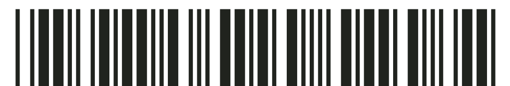
If changes describe ______________

PHYSICAL EXAM UPDATE

	No Change	Changes	Describe Changes
Heart	☐	☐	
Lungs	☐	☐	

TIME ________ **DATE** ________ Physician signature ______________

DO NOT MARK BELOW THIS LINE BARCODE ZONE DO NOT MARK BELOW THIS LINE



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.