

Patient Name _____

DOB _____

MRN _____

Physician _____

FIN _____

HISTORY AND PHYSICAL REASSESSMENT



Date of Original History and Physical _____

Date of Surgery _____

HISTORY UPDATE

The history and physical examination dated above 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. There are no changes unless noted below.

PHYSICAL EXAMINATION UPDATE

The patient has been re-examined and there are no changes to the physical examination unless noted below.

IF CHANGES, DESCRIBE

Heart _____

Lungs _____

Other _____

Procedure specific examination (record findings if changes) _____

Impression _____

Plan _____

TIME _____ **DATE** _____ Physician Assistant/Nurse Practitioner signature _____

TIME _____ **DATE** _____ Physician signature _____ Pager number _____

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.



DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE

