

# PRMC SURGERY/INVASIVE PROCEDURE HISTORY & PHYSICAL

*H&P's over 30 days cannot be used.*

## HISTORY

DATE

Present Illness

Allergies

Medications

Bleeding Tendency

Past History

## PHYSICAL EXAMINATION

O=No abnormalities or changes

X=Abnormalities or changes from last physical examination (describe)

Eyes

Ears

Nose

Head & Neck

Mouth & Throat

Breast

Heart

Lungs

Abdomen

Pelvis

Rectal

Extremities

Neurologic

COMMENTS

*Physician signature*

*Date*

*Time*