THE CHRIST HOSPITAL
CINCINNATI, OHIO 45219

HISTORY AND PHYSICAL EXAMINATION

THE FOLLOWING ABBREVIATIONS ARE NOT PERMITTED FOR USE: IU, U (Units), QD (Daily), QOD (Every other day), 1.0 (1), .5 (0.5), MS, MS04, MgSO₄ (Morphine Sulfate, Magnesium Sulfate)

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ADMITTING/TESTING FAX # 585-1273
DATE OF EXAM

REASON FOR ADMISSION/INDICATION FOR PROCEDURE:

HISTORY OF PRESENT ILLNESS:

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DRUG OR OTHER SIGNIFICANT ALLERGIES:

FAMILY AND SOCIAL HISTORY:

PAST HISTORY:

DIABETES: no ___ yes ___: Hx. Steroid Rx: no ___ yes ___: Hx. of Diuretic Rx: no ___ yes ___
Bleeding Tendency: no ___ yes ___

CURRENT MEDICATIONS

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<tr>
<th>NAME</th>
<th>DOSE</th>
<th>FREQUENCY</th>
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ALL YES ANSWERS REQUIRE COMMENT:

R.O.S.: Pain of Discomfort   no ___ yes ___ specify
Weight loss: no ___ yes ___

CARDIOVASCULAR:
- Chest pain   no ___ yes ___
- Hx of MI   no ___ yes ___
- Syncope   no ___ yes ___
- Hx. of Deep Vein Thrombosis   no ___ yes ___
- Other pertinent sx.   no ___ yes ___

RESPIRATORY
- Hx of Asthma   no ___ yes ___
- Cough   no ___ yes ___
- Smoke   no ___ yes ___
- Other pertinent sx.   no ___ yes ___

NEUROLOGICAL
- Hx of transient neurological sx.   no ___ yes ___
- Other pertinent symptoms   no ___ yes ___

RENA L
- Hx: Kidney or bladder disease   no ___ yes ___
- Other pertinent symptoms   no ___ yes ___

GASTROINTESTINAL:
- Abdominal pain   no ___ yes ___
- Nausea   no ___ yes ___
- Hx of Hepatitis   no ___ yes ___
- Alcohol use   no ___ yes ___
- Other pertinent sx.   no ___ yes ___

REPRODUCTIVE:
- Last Menstrual Period Date:
- OTHER: (Musculoskeletal, endocrine, GU etc)
PHYSICAL EXAMINATION:

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<th>TEMP</th>
<th>PR</th>
<th>PESP</th>
<th>BP</th>
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GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:
  Bruits: no yes

CHEST AND LUNGS:
  Breasts: no yes

HEART:
  Murmur: no yes

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:
  Venous Stasis: no yes

NEUROLOGICAL

DIAGNOSIS

ASSESSMENT/PLAN:

SIGNATURE: ___________________________ NAME PRINTED: ___________________________

Date/Time ___________________________