SAINT BARNABAS
HEALTH CARE SYSTEM
Newark Beth Israel Medical Center

HISTORY AND PHYSICAL

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS: **(location, quality, severity, duration, timing, context, modifying factor, associated signs and symptoms)**

ADVANCE DIRECTIVES: Yes (Copy Requested) | No

Healthcare Representatives Name:

MEDICATIONS: (name, dose & frequency)

ALLERGIES:

PREVENTIVE MEDICINE:

PNEUMOVAX: Ever Received? Yes No N/A

FLU VACCINE: Yes No

FAMILY HISTORY:		
Cancer		
Heart Disease		
Diabetes		
High Cholesterol		
High Blood pressure		
Other		
PMH: (check if positive)		
AIDS		
Anemia		
Bleeding Disorders		
Cancer		
Diabetes		
Hepatitis		
Heart Disease		
High Cholesterol		
Pneumonia		
TB		
Others:		
Surgical/Hospital Hx.		

SOCIAL HISTORY:	
Smoking: Yes No	Illicit Drugs:
Counseling Cessation Given	Alcohol Use:
Occupation:	Domestic/Sexual Abuse:
Sexual History:	

REVIEW OF SYSTEMS: CHECK IF NEGATIVE	EXPLAIN ABNORMAL BELOW
GENERAL: SEE HPI ☐ All Negative ☐ Fever ☐ Headache ☐ Weight Loss ☐ Dizziness ☐ Chills ☐	
HEENT: SEE HPI ☐ All Negative ☐ Blurry Vision ☐ Vision Loss ☐ Hearing Loss ☐ Hair Loss ☐ Nosebleeds ☐ Bleeding Gums ☐	
PULMONARY: SEE HPI ☐ All Negative ☐ Cough ☐ S.O.B. ☐ Productive Sputum ☐	
CARDIOVASCULAR: SEE HPI ☐ All Negative ☐ Chest Pain ☐ Palpitations ☐ Ankle Edema ☐ Claudication ☐	
GASTROINTESTINAL SEE HPI ☐ All Negative ☐ Abd. Pain ☐ Vomiting ☐ Nausea ☐ Diarrhea ☐ Appetite Change ☐ Rectal Bleed Dysphagia ☐ Change in Bowel Habits ☐	
GENITO-URINARY/GYN: SEE HPI ☐ All Negative ☐ Urinary Complaints ☐ Sexual Dysfunction ☐ Vaginal Discharge ☐ Breast Mass ☐ OB/GYN ☐	
NEUROLOGY: SEE HPI ☐ All Negative ☐ Motor Weakness ☐ Forgetfulness ☐ Sensation ☐ Aphasia ☐	
MUSCULOSKELITAL: SEE HPI ☐ All Negative ☐ Back Pain ☐ Joint Pain ☐	
SKIN: SEE HPI ☐ All Negative ☐ Rashes ☐ Non Healing Sores ☐	

Vital Signs:	Temp:	BP:	Ht:	Wt:	PAIN LEVEL (0-10)
	Pulse:	RR:	Pulse Oximetry:		

GENERAL APPEARANCE:CHECK IF NORMAL	EXPLAIN ABNORMAL BELOW
HEENT **All Normal** ☐ Normocephalic ☐ Ears ☐ Conjunctive ☐ Sclera ☐ Fundus ☐ Nasal mucosa ☐ Pharynx ☐ Oral Mucosa ☐	
NECK **All Normal** ☐ Neck Supple ☐ JVD ☐ Thyroid ☐ Carotids ☐	
RESPIRATORY **All Normal** ☐ Clear ☐ Wheezes ☐ Rales ☐ Rhonchi ☐ Percussion ☐ Accessory Muscle Use ☐	
CARDIOVASCULAR **All Normal** ☐ PMI ☐ Rate & Rhythm ☐ Murmurs ☐ Gallops ☐ Abdominal Aorta ☐ Pedal Pulses ☐ Femoral Arteries ☐ Radial pulse ☐	
BREAST **All Normal** ☐ Symmetrical ☐ Masses ☐ Nipple Discharge ☐ Non-Tender ☐	
GASTROINTESTINAL **All Normal** ☐ Bowel Sounds ☐ Non-Tender ☐ Masses ☐ Ascites ☐ Organomegaly ☐ Rectal Exam (if indicated) ☐	
GENITOURINARY **All Normal** ☐ *Male* Masses ☐ Discharge ☐ Prostate ☐ *Female* Pelvic Exam Masses ☐ Tenderness ☐ Discharge ☐	
MUSCULOSKELITAL **All Normal** ☐ Edema ☐ Cyanosis ☐ Clubbing ☐ Full ROM ☐ Gait ☐	
NEURO/PSYCH **All Normal** ☐ Ataxia ☐ Cranial Nerves ☐ Reflexes ☐ Strength ☐ Orientation: ☐ Mood &/or Affect ☐	
SKIN **All Normal** ☐ Rashes ☐ Lesions ☐	
LYMPHATICS **All Normal** ☐ Neck ☐ Axilla ☐ Groin ☐	

DIAGNOSTIC RESULTS:

ASSESSMENT: (Differential Diagnosis)

PLAN:

Smoking Cessation Counseled ☐
Not Needed ☐

Pain Management:
Not Needed ☐ Oral ☐
IV Incl. PCA ☐
Non Pharmacological ☐

Vaccine:
Pneumovax To Be Given
Influenza To Be Given (If Applicable)

Physician Signature:	Date & Time	Attending Signature:	Date & Time

Print Name and Beeper No.	Source of History