

* D10018 *

History & Physical



Children's
of Alabama
1600 7th Avenue South
Birmingham, AL 35233

* «m P b a e t r i T e n x t N» *u

«AdmitDate»

CSN # «PatientNumber»

«PatientName»

MR#: «MedicalRecordNumber» LOC: «Location» «Room» «Bed»

«AttendingDoctorName»

DOB: «BirthDate»

ONE DAY SURGERY HISTORY AND PHYSICAL EXAMINATION

Chief Complaint: _____

Recent Illness: _____

Pertinent Surgical History: _____

Pertinent Medical History: _____

Drug/Food Sensitivities and Allergies: _____

Immunizations: _____ Current Medications: _____

Does the mother breastfeed the infant/child? () Yes () No

If Yes, what medications is the mother taking? _____

Bleeding tendency: _____

Family Anesthesia History: _____

Social Developmental / History: _____

PHYSICAL/ MENTAL EXAMINATION:

HEENT (loose teeth): _____

Heart: _____

Lungs: _____

Abdomen: _____

Other: _____

IMPRESSION/ASSESSMENT: _____

PLAN/REMARKS: _____

Signature

Date / Time

Attending Physician Signature

Date / Time

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ONE DAY SURGERY PROGRESS NOTE

[illegible]