



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

Patient Legal Name: _____
COA Medical Record #: _____
Date of Birth: _____
Date of Procedure: _____
Surgeon/Ordering Physician: _____

**ONE DAY ADMISSION CENTER
HISTORY AND PHYSICAL EXAMINATION (APASS VERSION)**

Chief Complaint: _____

Other: _____

Pertinent Medical History: _____

Drug/Food Sensitivities and Allergies: _____

Immunizations: _____ 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 EXAMINATION:

HEENT (loose teeth): _____

Heart: _____

Lungs: _____

Abdomen: _____

Other: _____

IMPRESSION: _____

REMARKS: _____

Signature

_____/_____
Date Time

Attending Physician Signature

_____/_____
Date Time