WENTWORTH-DOUGLASS HOSPITAL
A Mass General Community Hospital

Note History and Physical

Patient Identification Area

OUTPATIENT HISTORY AND PHYSICAL FORM

Chief Complaint / Pre−procedure diagnosis	
Planned Procedure	
Reason for Procedure	
History of Present Illness	

*** ❑ I have reviewed the attached Nursing Pre−Admission Record/Nursing Pre−Op Record with the patient and attest to the information contained therein. (PROCEED TO SECTION THREE − COMPLETE, SIGN & DATE/TIME THE FORM)**

Section One

Medications:	**Allergies:**
❑ None	❑ None
❑ As listed on Medication Reconciliation Sheet	
❑ As listed Below	

Section Two

Medical History System Review			**Explain any "YES" answers**
Yes	**No**		
		Pulmonary	
		Cardiovascular	
		Gastrointestinal	
		Genitourinary	
		Significant family history	
		Diabetes	
		Other	

Section Three

Physical Examination	**Findings**		**Abnormal findings**
Mental Status	❑ Alert and Oriented		
Heart	❑ No murmur		
Lung	❑ Clear		
HEENT	❑ WNL	❑ Deferred	
Breasts	❑ Soft, no mass	❑ Deferred	
Abdomen	❑ Soft	❑ Deferred	
GU	❑ WNL	❑ Deferred	
Extremity	❑ WNL	❑ Deferred	

Physician Signature _____ Physician Printed Name _____ Date / Time _____