

H & P EXAM FORM

Patient Name: _____ Age _____ Height _____ Weight _____

Reason for visit _____

Medical History:

Yes No Heart Disease _____

Yes No Liver Disease _____

Yes No Lung Disease _____

Yes No Kidney Disease _____

Yes No Neuro Conditions _____

Yes No GI Conditions _____

Yes No Diabetes _____

Yes No Hypertension _____

Yes No Smoker _____

Yes No Alcohol _____

Surgical History _____

Current Medications _____

Allergies _____

Physical Examinations:

Heart _____

Lungs _____

EENT _____

Neck _____

Breast _____

Abdomen _____

Neuro/Extremities _____

LMP _____

Recommendations _____

Richard Ellenbogen, M.D.