Chief Complaint/History of Present Illness _____

_____

ASA score (if applicable)_____

Allergies _____

Medications Dosage Frequency

_____

_____

Past Significant Surgery OR Illness _____

_____

Family History _____

Tobacco_____Alcohol_____Drugs_____

VITAL SIGNS AND MENTAL STATUS AS PER NURSING ASSESSMENT

HEENT _____

_____

Heart _____

_____

Lungs _____

_____

Breasts _____

_____

Abd/Pelvic/Rectal _____

_____

_____

Neuro _____

_____

Extremeties _____

_____

Skin _____

Other Findings _____

_____

Admission Diagnosis_____

Planned Treatment/Procedure _____

_____

Physician_____ _____ _____ _____

(Signature) *(Printed Name)* *(Date)* *(Time)*

UPMC LIFE CHANGING MEDICINE

OUTPATIENT PROCEDURE HISTORY AND PHYSICAL

PATIENT IDENTIFICATION