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Internal Medicine

History & Physical

Name _____ Date _____

Review of Systems

___ Neurologic	___ GI	___ Cardiovascular
___ GU	___ Cerebrovascular	___ Musculoskeletal
___ Perpheral vascular	___ Dermatologic	___ Hematologic

Physical Exam

Temperature _____ Pulse _____ BP _____

Height _____ Weight _____ Respiration _____

General Appearance _____

	N	AB	Notes
Skin			
HEENT			
Neck			
Thyriod			
Lymph nodes			
Veins / carotid			
Chest			
Lungs			
Heart			
Abdomen			
Genital			
Rectal			
Extremities			
Joints			
Clubbing/cyanosis			
Peripheral pulses			
Edema			
Neurologic			

Tests Ordered

___ ECG	___ Stress ECG	___ Holter	___ Echo
___ Angiogram	___ Chest X-ray	___ Cholesterol	___ Pulmonary Function
___ SMA	___ CBC	___ Urinalysis	___ Thyroid
___ ELISA	___ Elevated ALT	___ Other	___ Other

Impressions