



HISTORY & PHYSICAL

Name _____ DOB _____

Age _____ Sex _____

Ordering Physician _____

Procedure _____

Diagnosis _____

HISTORY

Presenting Complaint:

Medical History:

Surgical History:

Allergies:

Medications:

PHYSICAL EXAM

General: Well developed, well nourished
 Other _____

HEENT: WNL
 Other _____

Cardiovascular: RRR with normal heart sounds, pulses normal
 Other _____

Respiratory: Breath sounds normal and equal bilaterally
 Other _____

Neuro/Musculoskeletal: _____

Psychosocial factors affecting care: _____

Physician's Signature _____ **Date** _____

(Fax completed form with orders to Premier Diagnostic Imaging)