



**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)**