SHORT FORM HISTORY AND PHYSICAL

PATIENT NAME: _____DOB:_____

CHIEF COMPLAINT/HPI: _____

PAST MEDICAL HISTORY: _____

_____

PAST SURGICAL HISTORY: _____

_____

REVIEW OF SYSTEMS

RESPIRATORY: _____

VASCULAR/HEART: _____

ORTHO/NEURO: _____

GI: _____

GU: _____

HEENT: _____

PHYSICAL EXAMINATION

VITAL SIGNS

TEMP: _____RESP:_____PULSE:_____WT:_____HT:_____

GENERAL: _____

Date Created: 08.25.2015

*NOTE: ONLY NEEDED IF REQUIRED BY THE JOB DESCRIPTION

SKIN: _____

HEENT: _____

NECK/LYMPH: _____

CV/HEART: _____

LUNGS: _____

ABDOMEN: _____

GU: _____

RECTAL/PELVIC: _____

MUSULOSKELETAL: _____

NEURO: _____

OTHER FINDINGS: _____

ASSESSMENT: _____

Ability to walk, run, skip, jump, bend over, squat and lift? ☐ YES ☐ NO

JOB DESCRIPTION REQUIREMENTS:

ABLE TO LIFT FIFTY (50) LBS OR MORE ☐ YES ☐ NO

OR

ABLE TO LIFT ONE-HUNDRED (100) LBS OR MORE ☐ YES ☐ NO

IF NO, WHAT WEIGHT CAN BE LIFTED: _____

_____

PROVIDER SIGNATURE DATE

***NOTE: ONLY NEEDED IF REQUIRED BY THE JOB DESCRIPTION**