

**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: \_\_\_\_\_

SKIN: \_\_\_\_\_

HEENT: \_\_\_\_\_

NECK/LYMPH: \_\_\_\_\_

CV/HEART: \_\_\_\_\_

LUNGS: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

GU: \_\_\_\_\_

RECTAL/PELVIC: \_\_\_\_\_

MUSCULOSKELETAL: \_\_\_\_\_

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