THE EFFINGHAM AMBULATORY
Surgery Center
exceptional people · exceptional care

904 W. Temple Ave, Effingham, IL 62401
Telephone (217) 342-1234

PLEASE FAX (217) 342-1230

History & Physical

Name: _____

Age: _____ Ht. _____ Wt. _____ BP _____/_____ HR _____ Temp _____ Resp _____

Allergy: _____

Medication: _____

_____

_____

PRESENT AND PAST HISTORY:

Chief Complaint: _____

_____

_____

Medical & Surgical History: _____

_____

_____

Family History: _____

Social History: _____

REVIEW OF SYSTEMS:

Cardiovascular: _____

Respiratory: _____

Nervous System: _____

Other: _____

PHYSICAL EXAMINATION:

	Normal	Abnormal	As Follows
General	☐	☐	_____
HEENT	☐	☐	_____
Cardiac	☐	☐	_____
Pulmonary	☐	☐	_____
Abdomen	☐	☐	_____
Genitourinary	☐	☐	_____
Extremities	☐	☐	_____
Neurological	☐	☐	_____

Mental Status: Alert /Oriented _____ Other _____ Specify: _____

Other ☐ ☐ _____

IMPRESSION / PRE-OP DIAGNOSIS: _____

_____

TREATMENT PLAN / PROPOSED OPERATION: _____

_____

Signature: _____ **Date:** _____

History & Physical Update (Documenting any changes in the patient's condition) ☐ **No Changes**

UPDATE NOTE ON CURRENT PATIENT STATUS: _____

_____

IMPRESSION / PRE-OP DIAGNOSIS: _____

TREATMENT PLAN / PROPOSED OPERATION: _____

Signature: _____ **Date:** _____