

History and Physical

Demographics

Date: 05/12/2015

Admit Date:

Time Begun: 12:40pm **Time Ended:**

Presenting Problem:

Client Name: John Doe

Patient ID#: 1

Address: ,

Telephone

Cell:

(Home):

Date of Birth: **Age:**

Sex:

Email:

Social Security #:

Substance Abuse History

Substance Use History:

Substance	Current Usage Past 30 Days	If yes, pattern of use last 30 days (include amount and frequency)	Age of 1st Use	Age this became a problem?	Pattern of use for at least last 6 months (include amount and frequency)	Primary Route:(Oral, IV, etc.)	Date, Time, and amount of last use
Alcohol	<input type="radio"/> No <input checked="" type="radio"/> Yes						
Amphetamines	<input type="radio"/> No <input type="radio"/> Yes						
Barbiturates	<input type="radio"/> No <input type="radio"/> Yes						
Benzodiazepines	<input type="radio"/> No <input type="radio"/> Yes						
Xanax	<input type="radio"/> No <input type="radio"/> Yes						
Valium	<input type="radio"/> No <input type="radio"/> Yes						
Klonopin	<input type="radio"/> No <input type="radio"/> Yes						
Cocaine	<input type="radio"/> No <input type="radio"/> Yes						
Hallucinogens	<input type="radio"/> No <input type="radio"/> Yes						
Inhalants	<input type="radio"/> No <input type="radio"/> Yes						
Marijuana	<input type="radio"/> No <input type="radio"/> Yes						
Methamphetamine	<input type="radio"/> No <input type="radio"/> Yes						
Opioids	<input type="radio"/> No <input type="radio"/> Yes						
Hydrocodone	<input type="radio"/> No <input type="radio"/> Yes						
Oxycodone	<input type="radio"/> No <input type="radio"/> Yes						
Morphine	<input type="radio"/> No <input type="radio"/> Yes						
Methadone	<input type="radio"/> No <input type="radio"/> Yes						
Heroin	<input type="radio"/> No <input type="radio"/> Yes						
Oxycontin	<input type="radio"/> No <input type="radio"/> Yes						
Other opioid	<input type="radio"/> No <input type="radio"/> Yes						

Chemical Dependence Treatment History

Have you ever been treated for a substance abuse issue? ☐ No ☒ Yes

If Yes, list treatment

Location	Dates of Treatment	Level of Care	Length of Stay	Length of Sobriety	Outcome: If relapsed, why?
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Additional drug and alcohol treatment history:

Mental Health History

Have you ever been given a psychiatric diagnosis? ☐ No ☒ Yes

If Yes, diagnosis:

Who made the diagnosis? When?

Have you received mental health services or are you currently receiving services? ☐ No ☒ Yes

If Yes, list treatments

Date of Treatment	Level of Care	Duration of Treatment	Diagnosis or Reason in Treatment
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Additional Mental Health Treatment history (include history of suicidal ideation, plans and attempts; history of violence, etc.):

*Note: Psychiatric medications to be listed in the medication list found later in this document

Past Medical History

Medical Conditions and Outpatient Treatments:

Head Trauma/Loss of Consciousness: ☐ No ☒ Yes

If Yes, explain:

Seizures: ☐ No ☒ Yes

If Yes, explain:

Fractures ☐ No ☒ Yes

If Yes, explain:

Motor Vehicle Crashes ☐ No ☒ Yes

If Yes, explain:

Past Surgical and Hospitalization History

☐ Client denies history of surgery or hospitalization

Facility	City/State	Date(s) Treated	Length of Stay	Reason
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Additional comments:

Do you currently have a Primary Care Physician? ☐ No ☒ Yes

If Yes, name and date of last visit:

Date of Last Physical:

Reason for last visit:

Family History

Family medical history (include substance use, psychiatric and medical history):

Psychosocial History

Current living situation:

Early childhood and adolescence:

Education:

Military History (if applicable):

Occupational (current and past):

Legal History (include current issues, past history and any history of incarceration):

Trauma History (include emotional/psychological, physical, sexual, combat and others such as natural disasters):

Sexual History:

Medications

☐ No medications on admission

Medications on Admission:

Medication	Dose & Frequency	Route	Length of Time	Last Dose, Date & Time	Prescribing Physician	Reason Prescribed	Do you believe the medication is effective?	Continue
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Herbal supplements, vitamin supplements, mineral supplements, and/or homeopathic remedies currently used:

Allergy Information

Type	Allergy	Reaction
Medication Allergy		
Food Allergy		
Environmental Allergy		

Review of Systems

General

☐ Denies problems

☐ Weight changes

☐ Fevers

☐ Fatigue

☐ Chills

☐ Weakness

Comments:

Skin

☐ Denies problems

☐ Rash

☐ Itching

☐ Dryness

Comments:

Eyes

☐ Denies problems

☐ Visual Changes

☐ Tearing

☐ Cataracts

☐ Pain

☐ Double Vision

☐ Redness

☐ Glaucoma

Comments:

Ears

- ☐ Denies problems
- ☐ Auditory changes
- ☐ Infections

Comments:

- ☐ Tinnitus
- ☐ Discharge

☐ Vertigo

Nose

- ☐ Denies problems
- ☐ Colds
- ☐ Nosebleed

Comments:

- ☐ Stuffiness
- ☐ Sinus

- ☐ Hay Fever
- ☐ Anosmia

Mouth/Throat

- ☐ Denies problems
- ☐ Teeth/Caries
- ☐ Dysphagia

Comments:

- ☐ Bleeding gums
- ☐ Tongue soreness

☐ Sore throat

Neck

- ☐ Denies problems
- ☐ Swollen lymph nodes
- ☐ Stiffness

Comments:

☐ Goiter

☐ Pain

Respiratory

- ☐ Denies problems
- ☐ Cough
- ☐ Dyspnea
- ☐ Bronchitis
- ☐ TB

Comments:

- ☐ Sputum
- ☐ Wheezing
- ☐ Emphysema
- ☐ Last Chest X-ray Date:

- ☐ Hemoptysis
- ☐ Asthma
- ☐ Pneumonia

Cardiovascular

- ☐ Denies problems
- ☐ High blood pressure
- ☐ Nocturnal dyspnea
- ☐ Palpitations
- ☐ Thrombophlebitis

Comments:

- ☐ Murmurs
- ☐ Edema
- ☐ Claudication

- ☐ Orthopnea
- ☐ Chest pain
- ☐ Varicose veins

GI

- ☐ Denies problems
- ☐ Appetite changes
- ☐ Vomiting
- ☐ Swallowing
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Jaundice

Comments:

- ☐ Heartburn
- ☐ Abdominal pain
- ☐ Lactose Intolerant
- ☐ Melena
- ☐ Rectal bleeding

- ☐ Nausea
- ☐ Bloating
- ☐ Diarrhea
- ☐ Excess gas
- ☐ Sigmoidoscopy

Urinary

- ☐ Denies problems
- ☐ Dysuria
- ☐ Hematuria
- ☐ Incontinence
- ☐ Stones
- Comments:
- ☐ Nocturia
- ☐ Urgency
- ☐ Changes in stream
- ☐ Polyuria
- ☐ Hesitancy
- ☐ UTI

Genital Male

- ☐ Denies problems
- ☐ Discharge
- ☐ Hernias
- ☐ Libido
- ☐ Satisfaction
- Comments:
- ☐ Sores
- ☐ Testicular pain
- ☐ Sexual preference
- ☐ STD
- ☐ Testicular masses
- ☐ Impotence

Gynecological

- ☐ Denies problems
- ☐ Menarche age Age
- ☐ Duration
- ☐ Menopause Age:
- ☐ Pain
- ☐ Last mammogram
- ☐ STD
- ☐ Contraception
- ☐ Abortus
- Comments:
- ☐ Period regularity
- ☐ Bleeding between periods
- ☐ Post menopausal bleeding
- ☐ Discharge
- ☐ Vaginal discharge
- ☐ Last pap smear
- ☐ Para
- ☐ Pregnancy Complications
- ☐ Frequency
- ☐ Last menstrual period
- ☐ Breast lumps
- ☐ Self exam
- ☐ Itching
- ☐ Pelvic pain
- ☐ Gravida

Musculoskeletal

- ☐ Denies problems
- ☐ Joint Pain
- ☐ Arthritis
- ☐ Cramps
- ☐ Functional limits
- Comments:
- ☐ Swelling
- ☐ Gout
- ☐ Fractures
- ☐ AM Stiffness
- ☐ Backache
- ☐ Prox. Weakness

Hematologic

- ☐ Denies problems
- ☐ Anemia
- ☐ Lymphadenopathy
- Comments:
- ☐ Bleed/bruise easily
- ☐ Transfusions

Endocrine

- ☐ Denies problems
- ☐ Thyroid trouble
- ☐ Excessive hunger
- Comments:
- ☐ Heath/Cold intoler.
- ☐ Excessive sweating
- ☐ Diabetic symptoms

Neurologic

- ☐ Denies problems
- ☐ Headache
- ☐ Blackouts
- ☐ Numbness
- ☐ Confusion
- ☐ Tremor
- ☐ Head trauma
- ☐ Seizures
- ☐ Tingling
- ☐ Memory loss
- ☐ Coordination
- ☐ Fainting
- ☐ Paralysis
- ☐ Dizziness
- ☐ Difficulty walking

Comments:

Psychiatric

- ☐ Denies problems
- ☐ Anxiety
- ☐ Psychosis
- ☐ Depression
- ☐ Suicide attempts
- ☐ Bipolar

Comments:

Sleep

- ☐ Denies problems
- ☐ Insomnia
- ☐ Snoring
- ☐ Apnea

Bedtime: Waketime:

Comments:

Pain

- ☐ Chronic pain not associated with WITHDRAWAL symptoms

Specify:

Client reports current pain issues: ☐ No ☒ Yes

Pain Screening:

Client currently rates pain at: ☐ 1 (lowest) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (highest)

What is pain due to:

Description of pain:

Physical Exam

Vital Signs:

Date: 04/13/2016 Time:

Height (ft): Height (in):

Weight: BMI:

Temperature: Pulse:

Respirations: BP:

General Appearance:

- ☐ Well developed/well nourished, in no acute distress
- ☐ Ambulatory/No Gait Problems

Other Observations:

Skin:

- ☐ Warm
- ☐ Dry
- ☐ Moist
- ☐ Cool
- ☐ Rashes
- ☐ Abscesses
- ☐ Track

Marks

- ☐ Self Mutilation (scars)
- ☐ Lesions
- ☐ Scars or other identifying marks (tattoos, etc.)

Other Observations:

Head/Neck/ENT:

Head:

☐ Normocephalic ☐ Abnormalities

☐ Traumas ☐ Other:

Neck:

☐ Normal ☐ Abnormalities

Other Observations:

Eyes:

Sclera Clear ☐ Normal ☐ Abnormal ☐ Not Evaluated

Pupils equal and reactive to light and accommodation: ☐ Normal ☐ Abnormal ☐ Not Evaluated

Extra Ocular movements: ☐ Normal ☐ Abnormal ☐ Not Evaluated

☐ Abnormalities:

Other Observations:

Ears:

☐ Canals are clear

☐ Tympanic membranes intact with good light reflexes

☐ TM's not visualized secondary to cerumen

☐ Abnormalities

Other Observations:

Nose/Sinuses:

☐ No obvious deformities

☐ No septal perforations

☐ Mucous membranes are not inflamed

☐ Tender to palpation: ☐ frontal ☐ maxillary

☐ Turbinates are not swollen

☐ Nares are patent

☐ Abnormalities

Other Observations:

Mouth/Throat:

☐ Good dentition

☐ Gums appear healthy

☐ No swelling/exudates or signs of infection

☐ Pharynx and tonsils are clear

☐ Tongue midline, moist, pink, without tremors or fasciculations

☐ Abnormalities

Other Observations:

Musculoskeletal:

☐ No spine or periphery joint deformities

☐ Full range of motion

☐ No scoliosis/kyphosis

☐ No muscle spasm/pain/tenderness

☐ No tender or swollen joints

☐ No costovertebral angle tenderness

☐ Abnormalities

Other Observations:

Chest:

☐ Symmetrical

☐ No Deformities

☐ Abnormalities

Other Observations:

Lungs:

☐ Clear to auscultation and percussion A & P

☐ No wheezing

☐ No rhonchi

☐ No rales

☐ No friction rubs

☐ Adequate intensity of breath sounds

☐ Abnormalities

Other Observations:

Heart:

☐ Regular rate and rhythm

☐ No murmurs

☐ Abnormalities

Other Observations:

Abdomen:

☐ Normal, flat, nontender, soft

☐ No pain to palpation

☐ Peristaltic sounds audible and normal

☐ Liver edge palpable

☐ Enlarged

☐ No organomegaly

☐ Spleen palpable

☐ Enlarged

☐ No masses

☐ No Bruits

☐ No guarding

☐ No rebound tenderness

☐ Scars

☐ Abnormalities

Other Observations:

Genital/Reproductive:

Male

☐ Bilaterally descended testicles

☐ Circumcised

☐ Uncircumcised

☐ No abnormal masses

☐ No hernia

☐ No urethral discharge

☐ No lesions

☐ Abnormalities

Other Observations:

Not performed due

☐ Exam not clinically indicated ☐ Patient wishes to have own physician perform exam ☐ Patient had recent exam

Date of

Female

☐ No external lesions

☐ No hernia

☐ Vaginal mucosa moist and elastic

☐ No significant vaginal discharge

☐ Abnormalities

Other Observations:

Not performed due

☐ Exam not clinically indicated ☐ Patient wishes to have own physician perform exam ☐ Patient had recent exam

Date of

Rectal Exam:

☐ Sphincter tone is normal

☐ No hemorrhoids

☐ No Fissures

☐ No masses

☐ No bleeding

☐ For Males: prostate is smooth, non-tender, normal size, free of nodules

☐ Abnormalities

Other Observations:

Not performed due

☐ Exam not clinically indicated ☐ Patient wishes to have own physician perform exam ☐ Patient had recent exam

Date of

Extremities:

☐ Adequate range of motion

☐ Adequate pulses

☐ No edema

☐ No varicosities

☐ No tenderness

☐ Abnormalities

Other Observations:

Neurological Exam:

☐ Cranial nerves intact bilaterally

☐ No sensory deficits bilaterally

☐ No motor weaknesses bilaterally

☐ Deep tendon reflexes are 2+ and symmetrical

☐ Negative Romberg

☐ Normal finger to nose test

☐ Abnormalities

Other Observations:

Mental Status Exam:

Appearance:

Attitude/Motivation:

Activity:

Language/Speech:

Thought Process:

Thought Content:

SI/HI:

Mood/Affect:

Perception:

Cognition:

Judgment and Insight:

Lab Results

☐ No laboratory tests ordered ☐ Lab reports WNL

List labs ordered and note any abnormal results:

Radiology Reports

☐ No radiology tests ordered

List radiology reports and any abnormal findings:

Assessment

Initial Treatment Plan

Medication Orders: ☐ No medications will be ordered at this time ☐ Continue same medications ☐ Medication changes

Consultations: ☐ No consults to be ordered at this time ☐ Consultation(s) to be ordered

Physicians Orders

Contact Signatures

Treatment Team Signatures

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