RISTORY AND PHYSICAL FORM DATE OF BIRTH: SSC: GENDER: Male Diver
CHEF COMPLAINT:
CHIEF COMPLAINT: HISTORY OF PRESENT ILLNESS (DATE OF ONSET, SYMPTOMS, PRECIPITATING FACTORS, ETC.): HISTORY OF PRESENT ILLNESS (DATE OF ONSET, SYMPTOMS, PRECIPITATING FACTORS, ETC.): HISTORY OF PRESENT ILLNESS (DATE OF ONSET, SYMPTOMS, PRECIPITATING FACTORS, ETC.): PAIN: INo Yes -Location Parm Score (check one) (1) (2) (3) (4) (5) (6) (7) (5) (9) REVIEW OF SYSTEMS (check, if present): Introat problem Image: Preding or Falling Out Spells Introat problem Headaches/Migraines Shortness of breath Humbness/Treguent Tiredness Denst Pain or tightness Image: Preduent Forevor of Sweets Ankle/Leg swelling Image: Problem Hearing C Constipation Imag
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Numbness/Tingling Arms and Legs Wheezing Problem Starting/Stopping Urination Weakness/Frequent Tiredness Chest Pain or tightness Excessive Urine/Excessive Thirst Swollen Glands C Palpitations Lose Urine on Coughing or Sneezing Frequent Fever or Sweats Abdominal Pain Lump/Discharge/Pain in the Breasts Cough or Phlegm Heartburn Lump in Vagina/Testicle Ever Coughed Up Blood Ever Vomited blood Itching/Discharge Vagina/Penis Lost Weight (>10lb, in < 1 yr.)
Weakness/Frequent Tiredness □ Chest Pain or tightness □ Excessive Urine/Excessive Thirst Swollen Glands □ Lose Urine on Coughing or Sneezing □ Night Sweat □ Ankle/Leg swelling □ ≥ 2 Nighttime Urination □ Night Sweat □ Abdominal Pain □ Lump/Discharge/Pain in the Breasts □ Cough or Phlegm □ Heartburn □ Lump/Discharge Vagina/Testicle □ Ever Coughed Up Blood □ Ever' Vomited blood □ Itching/Discharge Vagina/Testicle □ Lost Weight (>10lb. in <1 yr.)
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□ Frequent Fever or Sweats □ Ankle/Leg swelling □ ≥ 2 Nightime Urination □ Night Sweat □ Abdominal Pain □ Lump/Discharge/Pain in the Breasts □ Cough or Phlegm □ Heartburn □ Lump/Discharge/Pain in the Breasts □ Cough or Phlegm □ Heartburn □ Lump/Discharge Vagina/Penis □ Lost Weight (>10lb, in <1 yr.)
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Cough or Phlegm Heartburn Lump in Vagina/Testicle Ever Coughed Up Blood Ever Vomited blood Itching/Discharge Vagina/Penis Data Lost Weight (>10lb, in <1 yr.)
Lost Weight (>10lb, in < 1 yr.)
Lost Weight (>10lb, in < 1 yr.)
Problem Hearing Cl Constipation Bleeding Between Periods Visual Problems Use Laxatives Painful Joints (arms, legs, back, knees hips) Hoarseness Black Stool Itching/Soreness/Changing mole or beauty m Sinus problem Bloody Bowel movement Other: MEDICAL PROBLEMS: Do you have any of the following conditions (please check answer) Yes No Year Anemia Arthritis Diabetes Heart Disease High Blood Pressure Stroke High Blood Pressure Kidney/Bladder Problem Any other Medical Diagnosis that were not covered: Indeciral Diagnosis that were not covered: Indeciral Diagnosis that were
Visual Problems Use Laxatives Painful Joints (arms, legs, back, knees hips) Hoarseness Black Stool Itching/Soreness/Changing mole or beauty m Sinus problem Bloody Bowel movement Other: MEDICAL PROBLEMS: Do you have any of the following conditions (please check answer) Yes No Year Anemia Yes No Year Arthritis Seizures Image: Stock Image: Stock Diabetes Skin Disorders Image: Stock Image: Stock High Blood Pressure Image: Stock Image: Stock Image: Stock High Blood Pressure Image: Stock Image: Stock Image: Stock Image: Stock Any other Medical Diagnosis that were not covered: Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock Image: Stock High Blood Pressure Image: Stock
Hoarseness Black Stool Itching/Soreness/Changing mole or beauty m Sinus problem Bloody Bowel movement Other: MEDICAL PROBLEMS: Do you have any of the following conditions (please check answer) Yes No Year Dx Anemia Yes No Year Dx Yes No Year Arthritis Seizures Image: Stop Stop Stop Stop Stop Stop Stop Stop
Sinus problem Bloody Bowel movement Other: MEDICAL PROBLEMS: Do you have any of the following conditions (please check answer) Yes No Year Dx Anemia Yes No Year Dx Yes No Year Anthritis Seizures Seizures Cancer Stin Disorders Stornach/Gastrointestinal Problems Heart Disease Stroke Image: Storke High Blood Pressure Image: Storke Image: Storke Kidney/Bladder Problem Image: Storke Image: Storke Any other Medical Diagnosis that were not covered: Image: Storke Image: Storke
MEDICAL PROBLEMS: Do you have any of the following conditions (please check answer) Yes No Year Yes No Year Anemia
Yes No Year Year Anemia Image: Constraint of the second sec
Anemia
Arthritis Seizures Cancer Skin Disorders Diabetes Stomach/Gastrointestinal Problems Heart Disease Thyroid Disease High Blood Pressure Psychiatric Problems/"Nerves" Any other Medical Diagnosis that were not covered: Stowered:
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High Blood Pressure Thyroid Disease Image: Constraint of the second
Kidney/Bladder Problem Psychiatric Problems/"Nerves" Any other Medical Diagnosis that were not covered:
Any other Medical Diagnosis that were not covered:
Previous Hospitalizations/Surgeries/Injuries
Date Problem Place
CLIENT LAST NAME: HCH#

HISTORY AND PHYSICAL FORM PAGE 2									
OB/GYN:				1					
How many past pregnancies # Full Term # Premature # Abortions/Miscarriages # Living Children:									
Beginning Date of Last Menstrual Period Normal? Was Last Menstrual Period Normal?									
Menopause? Onset? If Client uses a Birth Control Method - Type?									
When was your Last Pap Test? Was Last Pap Normal?									
When was your La	?	Was Last Mammogram N	ormal?						
ALLERGIES: Medications									
check all that	Food	·							
apply - list name of allergens and	Chemicals								
describe		\ aceste							
symptoms									
MEDICATIONS (F	Prescription & N	on-Prescnptic	ons) Include	names, dosa	ages, frequenci	es.			
1					6				
2					7				
3					8.				
4					9				
5					10				
HEALTH MAINTE	-			<u> </u>		Talaan I. J. IV.		00 NI-	
Vaccination Histo Measles, Mumps,	,	Yes	No	Date		Tuberculosis History Any Known Exposure to M		es No	Date
Last Tetanus Boos	, ,					BCG/Tuberculosis Vaccina			
Hepatitis B						Last PPD (+)			
Influenza (Flu vac))					If (+) -was Prophylaxis give	n7		
Pneumovax	/					If Yes, Type and Duration?			
Other						in res, rype and Baraton			
HIV HISTORY:									
FAMILY HISTORY	(check all that	apply):				Last VL	How Conta		
	Father	r Mother	Siblings	Others			Father	Mother	Siblings Others
died young						heart trouble			
anemia						high blood pressure			
asthma						kidney problem			
bleeding tendency						lung disease			
cancer (Type)						mental illness			
diabetes						suicide			
glaucoma						substance abuse			
SOCIAL HISTORY (habit & lifestyle-alcohol, drugs, tobacco, exercise & sexual history):									
Do you drink Alcohol? D No D Yes If yes, type and how much? Security a security filter of the security o									
•		Yes It yes,	type and hov	v much?	Î				
Any Rehab? 🛛	No 🗌 Yes				Have	you ever felt you ought to CL	JT down or	n drinking?	🛄 No 📮 Yes
Have people ANNO	OYED you by crit	icizing your d	rinking? 🗖 N	No 🛛 Yes	Have	you ever felt bad or GUILTY	about drin	iking? 🗋 N	o 🛛 Yes
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE-OPENER)? INO I Yes									
Have you ever had blackouts or done things you do not remember while drunk or high? No Yes									
Have you ever taken Drugs? IN No Yes Current Use IPast Use What type and how much?									
How do/did you taken them? Smoke Sniff inject Other Have you ever shared needles/works? No Yes									
Do you smoke/chew Tobacco7 D NO Yes Quit How many cigarettes per day and for how long?## days# years									
Do you Exercise regularly? No Ves - How often?									
Have you ever had a Sexually Transmitted Disease? D No DYes Diagnosis?									
If yes how when and where treated?									
Your Sexual Orientation	on 🖵 Heterose	xual 🖵 Hom	osexual 🖵]Bi-Sexual					
How many partners	have you had in	the past yea		_ in	<u>lifetime?</u> D	o you use condr 🛛 🗋 N	No 🗆 Yes 🛙	JSometim	es

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		R	BP	п	VVI	rSG	FEFK	Visual Acuity: <u>OU</u>
								OD /20 OS /
ONSTITUTIO								
-		ed, well nouns	shed, no acute	distress				
			,					
		N						
HEAD/NECK,			innla full POM	trachoa midli	ina: no thurama	ashy Ever cold	ra white, conjuctiva e	lear, no lid lag, PERRLA,
			hages or exuda		ine, no ingrome	galy, <u>Lyes</u> - Scie	a write, conjuctiva c	ical, no itu lay, i LITILA,
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MOUTH, EARS								
	•			on s ood, oral r	mulcosænin ksar	idi motist; torngue	moist. noo ulocer	m a s s e s .
tympanic m	nembranes tra	ansluscent, no	on-bulging. and	mobile b/l; ca	nal walls pink,	no discharge, he	aring non-impaired N	ose; mucosa and turbinates
		; soft and hard	l palates contig	uous, no ulcei	r or lesion, saliv	vary glands intact	t, gag reflex present	
ABNORMA	AL:							
3REAST AND	CHEST							
		eformrty, symi	netrical; B <u>reast</u>	<u>s -</u> no rashes,	, lumps, masse	s or tenderness,	no nipple discharge	
	AL:							
RESPIRATOR	Y							
		no flatness, d	ullness or hype	erresonance, t	actile fremitus;	clear to auscultat	ion bilaterally	
		_ es or thrills [.] R	RR· normal sl	8.52 NO MU	IRMURS RUB	S GALLOPS (arotid pulses WNI	, no bruit; Abdominal aorta normal
						or edema, BP+		no orthostasis
			io bruitt, <u>r cuar</u>		no vancosnies	or edema, bri	,	
	<i>٦</i> ∟.							
SENITOURIN								
				-		descended b/l:	Penis (un-)circumcis	ed, no rashes/ulcers, no penile
	-	0 . ,	mmetrical, w/o			rs: Labia Clitorio	Vaginal and lifeth	nral orifices normal and w/o
							sons of discharge, no	ot inflammed, not friable on pap, no
CMT; Alter			lenmassies,m ⁿ og	n-tenden/1n			sons of discharge, no	ot inflammed, not friable on pap, no
CMT; Ated				₁-t∉ndep,/! <u></u> n.			ions of discharge, no	t inflammed, not friable on pap, no
CMT; <u>Alted</u> ABNORM				₁-t∉nde <u>b</u> ,/1 <u></u> n.			ions of discharge, no	t inflammed, not friable on pap, no
CMT; <u>Auted</u> ABNORM ABDOMEN	AL:	izea nœpalpab , no scars, no	lenmessesm ^{noe} rash, visible ma	arkings or dist	ended vessels,	n d e r non-tender, no h	nepatosplenomegaly,	no masses, bowel sound normal
CMT; Auted ABNORM/ ABDOMEN NORMAL: r Rectal: no	AL: not distended, skin tags, no	izea nœpalpab , no scars, no	lenmessesm ^{noe} rash, visible ma	arkings or dist	ended vessels,	n d e r non-tender, no h	nepatosplenomegaly,	
CMT; <u>Auted</u> ABNORM/ ABDOMEN NORMAL: r Rectal: no	AL: not distended, skin tags, no	izea nœpalpab , no scars, no	lenmessesm ^{noe} rash, visible ma	arkings or dist	ended vessels,	n d e r non-tender, no h	nepatosplenomegaly,	no masses, bowel sound normal
CMT; <u>Alted</u> ABNORM/ ABDOMEN NORMAL: r Rectal: no ABNORM/ MUSCULOSK	AL: not distended, skin tags, no AL: ELETAL	izea nœpalpab , no scars, no prmal sphincte	rash, visible ma r tone, no palp	arkings or dist able lumps: S	ended vessels, Stool Hemoccul	n d e r non-tender, no r t test: Negative	nepatosplenomegaly, ; Hernial Orifices: no	no masses, bowel sound normal hernia, cough impulse normal
CMT; <u>Alted</u> ABNORM/ ABDOMEN NORMAL: r Rectal: no ABNORM/ MUSCULOSK NORMAL: (AL: not distended, skin tags, no AL: <u>ELETAL</u> Gait WNL; Di	izea nœpalpab , no scars, no ormal sphincte gits, UE and L	rash, visible ma r tone, no palp E w/o clubbing	arkings or dist able lumps: S J, cyanosis, mi	ended vessels, Stool Hemoccul	n d e r non-tender, no r t test: Negative	nepatosplenomegaly, ; Hernial Orifices: no	no masses, bowel sound normal
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HISTORY AND PHYSICAL FO ASSESSMENT PLAN	DRM	PAGE 4
ASSESSMENT PLAN		
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CBC / CBCD SMA 7/ 20	0 PEFR 0 EKG	0 CT SCAN C ECHO
J SMA // 20	0 PPD	0 MRI
D AMYLASE	OTHERS:	
) HIV		0 SONOGRAM
0 RPR	0 MEDICATIONS/INJECTIONS:	0 X-RAY
0 CD4		0 CASE MANAGEMENT

VIRAL LOAD I USVL

0 TSHITFT

0 HEPATITIS PROFILE

HEP.BsAB

CHOL / FASTING LIPDS

0 HBA1C

- 0 PSA
- **0** UA
- 0 URINE MICROALBUMIN
- 0 URINE DIPSTIX
- 0 BHCG
- 0 GC/CT I PAP SMEAR

PROVIDER (PRINT NAME:

PATIENT EDUCATION

□ ABLE TO VERBALIZE UNDERSTANDING

REFERED TO POET FOR FURTHER EDUCATION.

ABLE TO RETURN DEMONSTRATION

EDUCATED ON :

PROVIDER SIGNA I

0 SOCIAL WORK

0 PODIATRY

VISION VAN DIABETES CLASS

0 OTHERS:

0 MENTAL HEALTH

IO-12 WK /

F/U VISIT TYPE:

0 ADDICTIONS COUNSELING

RTC: NEXT DAY / WALK-IN / 1-2 WK

2-3 WK / 4-6 WK | 6-8 WK