Admiss	sion / Re-Admission History an	d Physi	cal				
Primary	Care Physician:						
Chief co	omplaint:						
HPI:							
PMH:							
		-					
PSxH:		-		_			
Meds:	Medication listed on reconciliation	sheet	Medications reviewed				
Allergy							
	Tobacco:		ETOH:		Drugs:		
Social.	Occupation:		Married/Divorced/Separated/ Wid	low/Single	21485	Children	
Family:	Lives:			Noncontrib	outory	Unable to ob	otain
ROS:	Const: fever chills anorexia fatigue Endocrine: polyuria gen weakness ENT: vertigo tinnitus sore throat ear Eyes: loss of vision blurry vision Pulmonary: cough hemoptysis whee. Cardiac: DOE PND orthopnea chest Heme/lymph: bleeding bruising ac All systems reviewed and nee ROS incomplete due to patient'	rache zing SOB t pain denopathy capative e	Psychiatric: depression an Allergy/immuno: urtiexcept as designated above	cy hematuri pain myalgia nodules dec seizures pa xiety caria	a inconti a cubuti		
Gen: No Head, e Eyes: O NECK: CARDI LUNGS GI: abd GU: ext Muscul muscle t CNS: A SKIN/b	CAL EXAM: T: BP:_concept acute distress acute respiratory of ars, nose, mouth, throat: Norm/atr Conjunctiva clear visual fields nml Supple JVD Thyromegaly Caro AC: RRR Irreg rhythm HS 1 & 2 S: CTA Rales Wheeze CW tender lomen: Flat Distended Soft Noncernal genitalia nml no lesions not concept acute and strength nml Extremities: O x 3 CN 2-12 Power/ Sensation/ I reast: no rashes no nodules no dimm/Lymph: no petechie no bruis	listressraumatic eyelids tid Bruit NI Murrertender To masses lead & ne Edema DTR: Inta	mucus mem moist/dry s, iris, sclera and pupils nml PERF Lymph Nodes mur Gallops Rubs render Obese BS present prostate gland nml ck aligned R/L up/low extreme: r Cyanosis Club Tremors Pedal p ct Abnormal breast exam nml by inspection and	RL EOMI no misalign ulses d palpation	ptosis	mmetry, no cr	repitation
Admit Pl	nysician	DR.		Date: /	/2013	Time :	



Julei	CXR:
UA:ABG:	-
	Other Labs/ Findings:
Assessment / Plan	
Patient history was reviewed and I agree with the NP find	ings for the HPI, unless otherwise stated. Relevant findings of the HPI are:
I have personally seen & examined the patient & discusse	ed the case with the NP. Here are my findings (exam, diagnosis, & treatment plan):
Admit Physician DR.	. Date:/ /2013 Time:

