

Comprehensive Medical History & Physical Sheet

Patient Name

Date of Birth

Date of Visit

Sex

Select

Chief Complaint

History of Present Illness

Past Medical History

Past Surgical History

Medications

Allergies

Family History

Social History

Tobacco Use

Alcohol Use

Substance Use

Occupation

Review of Systems

Constitutional

Eyes

ENT

Cardiac

Respiratory

GI

GU

Musculoskeletal

Skin

Neuro

Psych

Endocrine

Hematologic

Allergic/Immunologic

Additional Notes

Physical Examination

Vitals

General Appearance

HEENT

Cardiac

Respiratory

Abdominal

Musculoskeletal

Neurologic

Other Findings

Assessment

Plan

Provider Name

Signature

