

Student Name: _____

Patient Age: _____

Gender: M F

MEDICAL STUDENT H&P

CC:

HPI: (onset, timing, quality, duration, prior evaluations, intensity, modifying factors)

ROS:

GEN:
HEENT:
PULM:
CV:
GI:
GU:
NEURO:
MS:
HEME/LYMPH:
ALL/IMM:
dT:
LMP:

PMH/PSH:

MEDS/ALL:

SH: Tobacco ETOH IDU Other:
Employed: No Yes: _____
Married/Divorced/Widowed/Single

EXAM:

VS: T P R BP Sat:

GENERAL:

HEENT:

CHEST:

CV/pulses/Cap refill:

ABD:

GU:

MS (including back):

SKIN:

NEURO (motor, sensory, CN, reflexes, cerebellar, GCS, gait):

ADDENDUMS/RE-EXAMS/FOLLOW-UP:

