



868

Children's Healthcare of Atlanta

ADMISSION HISTORY AND PHYSICAL EXAMINATION

Name _____

Date of Birth-DOB _____

MRN# _____

Account/HAR# _____

Referring MD: _____

Chief Complaint: _____

History of Present Illness: _____

Vital Signs:

Allergies: _____ Immunizations UTD: _____

Current Medications: _____

Past History/Development: _____

Family History: _____

Social History: _____

Review of Systems: _____

	nl	abn		nl	abn
1. general			10. cardiac		
2. head			11. abdomen		
3. eyes			12. genitals		
4. ears			13. extremities		
5. nose			14. neurological		
6. pharynx/mouth			15. back		
7. nodes			16. skin		
8. neck			17. rectal		
9. lungs			If blank, exam deferred		

Pertinent Physical Findings

Laboratory/X-ray: _____

Assessment: _____

Plan: _____

Diagnosis & treatment plan discussed with family.

Date/Time: _____
Signature, Examining Physician (if other than Attending)

Date/Time: _____
Signature, Attending Physician

For reports done prior to admission/surgery: please mark one of the following: Patient examined, no changes noted since H&P completed.

Patient examined and the following changes have occurred since H&P: _____

Signature _____ Date/Time: _____