



Office of Admissions

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CASE WRITE-UP
COMPREHENSIVE HISTORY AND PHYSICAL

Student Name: _____ Specialty: _____

Patient Initials: _____ Date of Birth: _____ Date _____

Patient reports pain? (Ask every patient)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pain Scale Rating (circle one): 1 2 3 4 5 6 7 8 9 10 (Low) (High)
Accucheck	_____	Peak flow	_____

Chief complaint: _____

History of presenting illness: _____

Past History: _____

Medications (Review List with Patient): _____

Allergies: _____

Family History:

SOCIAL HISTORY:

Marital Status: _____ Children: _____ Occupation: _____

Drugs/Tobacco/Alcohol: _____

Domestic Violence: _____

OB/GYN HX: G P AB Contraception: _____ LMP: / /

Last Pap: / / HX of abnormal Pap: _____ Last Mammogram: / /

Psych History:

Immunization History:

Last Flu Shot: / / Tetanus Vaccine: / / Pneumonia Vaccine: / /

REVIEW OF SYSTEMS:

Comments on Abnormal

Constitutional

Eyes

Ears, Nose, Throat

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Integumentary

Neurological

Psychiatric

Endocrine

Hematological/Lymphatic

Allergic/Immunologic

Pain

VITAL SIGNS:

BP supine: BP standing: Respiration: Temperature:

Pulse rate and regularity: Height: Weight: BMI:

General appearance:

EYES Comments/Pertinent Findings

Conjunctiva _____

Pupils and iris _____

Fundoscopy _____

EARS, NOSE and THROAT

External ear canal, TM _____

Nasal mucosa, septum and turbinates _____

Lips, teeth and gums _____

Oral mucosa, palate, tongue, salivary glands _____

NECK

Neck masses, symmetry, _____

Thyroid _____

Carotid bruit _____

BREASTS

CARDIOVASCULAR

Apical impulse _____

Heart sounds _____

murmurs _____

RESPIRATORY

Inspection _____

Palpation and percussion _____

Auscultation _____

ABDOMEN

Tenderness, masses _____

Liver, spleen _____

Rectal FOBT _____

GENITOURINARY MALE

Penis _____

Scrotal contents _____

Prostate _____

RECTAL EXAM

GENITORINARY FEMALE

Comments/Pertinent Findings

External genitalia

Discharge

Cervix

Uterus, adnexa

LYMPH NODES

MUSCULOSKELTAL

C spine

LS spine

Shoulders, elbows, wrists

Knees, hips, ankles

Small joints hands/feet

NEUROLOGICAL

Memory

Orientation

Judgment

Intelligence

Higher mental function

Speech

Cranial nerves

Muscle strength, tone

DTR, superficial reflexes

Sensory exam

Cerebellar functions

Meningeal signs

PSYCHIATRIC

Psychomotor activity

Affect

Speech

Thought process

Mood

SKIN

ASSESSMENT AND PLAN:

Diagnosing midlevel provider/residents:

Attending/supervisor/collaborating physician: