



868

Children's Healthcare of Atlanta

- Arthur M. Blank    Scottish Rite
- Surgery Center at Meridian Mark Plaza, LLC
- Surgery Center at Satellite Blvd.

**SURGICAL SERVICES HISTORY AND PHYSICAL EXAMINATION**

Chief Complaint:  
History of Present Illness:

Name \_\_\_\_\_  
Date of Birth-DOB \_\_\_\_\_  
MRN# \_\_\_\_\_  
Account/HAR# \_\_\_\_\_  
Referring MD: \_\_\_\_\_

Allergies:  
Current Medications:  
Past History/Development:

Immunizations UTD:

Family History:  
Social History:  
Review of Systems:

Pertinent Physical Findings

	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		

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: \_\_\_\_\_