



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: _____