Baylor Scott & White
SURGICAL HOSPITAL AT SHERMAN
Joint ownership with physicians

FAX BACK : 903-813-1581

(Patient Sticker)

History and Physical

Chief Complaint:		
Present Illness:		
Failed Modalities:		
Past History: Medical/Surgical:		
Allergies:		
Medications:		
Family Hx negative □ except		Smoker □ NO □ Yes /pks per day
Social Hx negative □ except		Alcohol □ NO □ Yes / per day

PHYSICAL EXAM: Height: Weight: Temp: Pulse: Resp: B/P:

	NORMAL	ABNORMAL Describe abnormal findings below
HEENT	□	
CV System	□	
Lungs	□	
Gastrointestinal	□	
Genital/Urinary	□	
Muscular Skeletal System	□	
Neurologic	□	
Breast	□	
Pelvic	□	
Psycho-Social	□	

IMPRESSION:

PLAN:

LABS: Attach available lab results done in the last 3 months for healthy adults & children; all others within past week

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
CBC/H&H	☐	☐	**Chest X-Ray**	☐	☐	**U/A**	☐	☐	**Chemistry**	☐	☐	**EKG**	☐	☐

NOT APPLICABLE FOR DENTAL SURGERY

OTHER: _____

Child & Adolescent (as applicable):

Growth and Development: (growth curves and motor milestones):

Immunizations: UTD ☐ except:

Signature: _____ Date: _____ Time: _____