

Name _____ DOB ____ / ____ / ____ Rm _____ ID _____ Admt _____

CC _____

HPI _____

Allergies _____

PMH _____ Rx _____ PSH _____ Soc _____

_____ tob _____

_____ EtOH _____

BP Tc Tm P R O2 sat

Physical Exam

General _____

Skin & lymph _____

HEENT _____

Neck _____

Chest/lung _____

CV _____

Abd _____

Ext _____

Neuro _____

Other _____

A/P

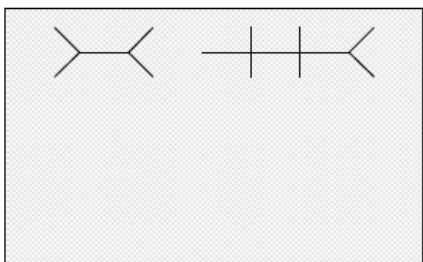
1) _____

2) _____

3) _____

4) _____

5) _____



6) _____

7) _____

8) _____

9) _____

Name _____ DOB ____ / ____ / ____ Rm _____ ID _____ Admt _____

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A/P

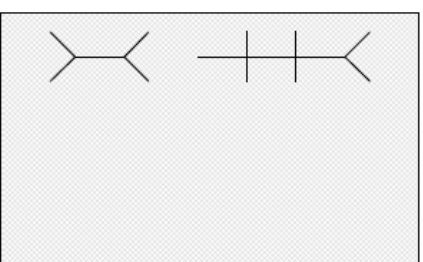
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