

ALLERGIES or Known Adverse Reactions:
 NKA
 Describe Reaction: _____

MEDICATIONS (Include OTC / NSAIDS, Date Discontinued):
 Prescription Drugs

Over-the-Counter Drugs
 Health Food Store Drugs / Vitamins / Herbals

PHYSICAL EXAMINATION

WT.	HT.	B/P	PULSE	RR	TEMP.
-----	-----	-----	-------	----	-------

General Appearance: _____



HEENT:			
Neck:			
Chest:			
Breasts:			
Cor:			
Abdomen:			
Rectal:			
GYN/GU:			
Lymphatic:			
Ext.:			
Mental Status:			
Neuro:			
Skin:			
Musculo/Skel.:			

IMPRESSIONS:	PROCEDURES / INDICATIONS:
	1.
	2.
	3.
	4.
	5.

PLAN:

TENTATIVE DISCHARGE PLAN:

NP/PA SIGNATURE	DATE	MD SIGNATURE and NO.	DATE
-----------------	------	----------------------	------