SPARROW HEALTH SYSTEM
Lansing, Michigan

(Patient name /Sticker)

**Chief Complaint:**

**PCP:**

**History & Present Illness:** (Level 2 or 3 notes require documentation of at least 4 aspects of chief complaint)

**Social History**: ☐ Unobtainable:
**reason:** ______________________
Living Situation:______________________________
Social/Occupation: ____________________________
Tobacco:_________ Travel History: ______________
Alcohol:__________ Excercise:__________________
Illicit Drugs: _______ Sexual HIstory: ____________

**Past History (Medical, Surgical, ObGyn & Psych):**

**Medications:** ☐ Please refer to the Medication Reconciliation form

**Allergies:** (Medications/Food) (Describe Reaction):

**Family History:** ☐ Unobtainable: reason:
Father:_________________________________________
Siblings:________________________________________
Mother:_________________________________________
Other: _________________________________________

**Code Status**
☐ Full Code
☐ No Code (DNR)
☐ Other: _________________________

| **Review of Systems:** | **Circle if positive/cross off if negative; write in other postitives as needed** | | |
|---|---|---|---|
| **Constitutional:** | weight loss<br>fever | **Genitourinary:** | dysuria<br>hematuria |
| **Skin:** | itching<br>rashes | **Musculoskeletal:** | muscle weakness<br>joint pain |
| **Head/Eyes:** | headache<br>visual changes | **Hematologic/Lymphatic:** | easy bruising<br>blood transfusions |
| **ENT/Mouth:** | change in hearing<br>nasal congestion | **Endocrine:** | heat-or cold-intolerance<br>polyuria |
| **Respiratory:** | dyspnea<br>cough | **Neurological:** | fainting<br>seizures |
| **Cardiovascular:** | chest pain<br>ankle swelling | **Psychiatric:** | anxiety<br>depression |
| **Gastrointestinal:** | nausea or vomiting<br>melena | **Allergy/Rheumatic:** | seasonal allergies<br>AM joint stiffness |
| Preventative Health Care: | | | |
| Initial____________ | ☐ Past history documented by: ______________________ | | |



**History and Physical**

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## Physical Examination:

**VS:**

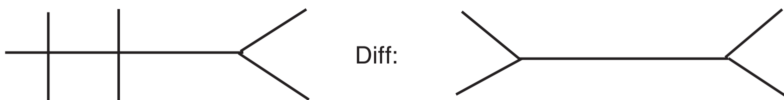
Temperature: ___________________ Heart rate: ______________
Blood Pressure:____________________ Respiration:_____________
Pulse oximetry _______% on _______ Intake/output:____________
Weight:________________

| | | |
|---|---|---|
| **General:** | ☐ No significant distress<br>☐ Well nourished | ☐ other: |
| **Skin:** | ☐ Normal skin turgor<br>☐ No rashes | ☐ other: |
| **Eyes:** | ☐ Non-icteric<br>☐ Pupils equal, reactive | ☐ other: |
| **ENT & Mouth:** | ☐ Moist mucosa<br>☐ No pharngeal erythema<br>☐ Normal Fundus | ☐ other: |
| **Neck:** | ☐ No neck stiffness<br>☐ No thyroid enlargement | ☐ other: |
| **Respiratory:** | ☐ No respiratory distress<br>☐ Lungs clear to auscultation | ☐ other: |
| **Cardiovascular:** | ☐ No murmurs, rubs or gallops<br>☐ No carotid bruits<br>☐ No JUD<br>☐ No edema or varicose veins<br>☐ S1S2 regular rate & rhythm | ☐ other: |
| **Gastrointestinal:** | ☐ No abdominal tenderness<br>☐ No hepatospenomegaly<br>☐ Normal bowel sounds | ☐ other: |
| **Genitourinary:** | ☐ No CVA tenderness<br>☐ No genital lesions<br>☐ Bladder not distended | ☐ other: |
| **Musculoskeletal:** | ☐ No clubbing<br>☐ No muscle wasting<br>☐ Normal joint exam | ☐ other: |
| **Lymphatic:** | ☐ No lymphadenopathy in:<br>☐ Neck ☐ Axillae ☐ Groin | |
| **Neurological:** | ☐CN III to XII without asymmetry<br>☐ No gross sensory deficits<br>☐ No tremors | ☐ strength:<br>☐ reflexes:<br>☐ other: |
| **Psychiatric:** | ☐ Alert<br>☐ Oriented to ☐ person ☐ place ☐ time<br>☐ Normal insight ☐ normal affect | ☐ other: |

## Assessment & Plan:

(Decision-making complexity depends upon the amount of data recorded, risks of conditions & therapies, and the number of diagnostic and therapeutic options.)

## Medical Data:




Other:
**ECG:** ___________________________
**Chest X-ray:** ____________________

Resident Signature: ______________________________________________
**STAMP:**

Dictation Number: ________________________________________________

## Attending Note:



**History and Physical**