



<http://www.cadhs.com>

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MRNUM: \_\_\_\_\_

**HISTORY AND PHYSICAL**

Patient: _____	Date of Service: _____
DOB: _____	Specialty: _____

**Identification:**

**Chief Complaint:**

**History of Present Illness:**

**Past Medical/Surgical History:**

**Menstrual History:**

**Allergy:**

**Medications:**

**Family History:**

**Social History:**

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**Review of Systems:**

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**Physical Examination:**

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**Diagnostics:**

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**Impression:**

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**Follow Up:**

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Reviewed and electronically authenticated by Irene Gaw Gonzalo, MD