

5-Hole 1/4 1 3/8 c-to-c

(INCLUDE CURRENT MEDS & ALLERGIES)

H
I
S
T
O
R
Y

DATE: _____ PRESENT ILLNESS: _____

PAST HISTORY: _____

ALLERGIES: _____

CURRENT MEDS: _____

IMAGING STUDIES: _____

LABORATORY FINDINGS: _____

ADM DIAG: _____

TREATMENT PLAN: _____

P
H
Y
S
I
C
A
L
E
X
A
M
I
N
A
T
I
O
N

GENERAL APPEARANCE: _____

SKIN: _____

HEENT: _____

NECK: _____

CHEST & LUNG: _____

BREASTS: _____

HEART: _____

ABDOMEN: _____

GENITALIA-RECTAL: _____

EXTREMITIES: _____

NEUROLOGICAL: _____

O
P
E
R
A
T
I
O
N

SEE OPERATIVE NOTE

DATE: _____ PROCEDURE: _____

SURGEON / PHYSICIAN: _____ ASSISTANTS: N/A LIST: _____

PREOPERATIVE DIAGNOSIS: _____ ESTIMATED BLOOD LOSS: _____

POSTOPERATIVE DIAGNOSIS: _____

FINDINGS/COMPLICATIONS: _____

SPECIMENS: N/A LIST: _____ TO PATHOLOGY

H
O
S
P
I
T
A
L
C
O
U
R
S
E

D
I
S
M
I
S
S
A
L
N
O
T
E

DATE: _____ CONDITION OF PATIENT: _____

POST HOSPITAL PLANS & MEDICATIONS: _____

FINAL DIAGNOSIS: _____



PHYSICIAN SIGNATURE

SHORT STAY RECORD

5-Hole 1/4 1 3/8 c-to-c

(INCLUDE CURRENT MEDS & ALLERGIES)

HISTORY

DATE: _____ PRESENT ILLNESS: _____

PAST HISTORY: _____

ALLERGIES: _____

CURRENT MEDS: _____

IMAGING STUDIES: _____

LABORATORY FINDINGS: _____

ADM DIAG: _____

TREATMENT PLAN: _____

PHYSICAL EXAMINATION

GENERAL APPEARANCE: _____

SKIN: _____

HEENT: _____

NECK: _____

CHEST & LUNG: _____

BREASTS: _____

HEART: _____

ABDOMEN: _____

GENITALIA-RECTAL: _____

EXTREMITIES: _____

NEUROLOGICAL: _____

OPERATION

SEE OPERATIVE NOTE

DATE: _____ PROCEDURE: _____

SURGEON / PHYSICIAN: _____ ASSISTANTS: N/A LIST: _____

PREOPERATIVE DIAGNOSIS: _____ ESTIMATED BLOOD LOSS: _____

POSTOPERATIVE DIAGNOSIS: _____

FINDINGS/COMPLICATIONS: _____

SPECIMENS: N/A LIST: _____ TO PATHOLOGY

HOSP COURSE

DISMISSAL NOTE

DATE: _____ CONDITION OF PATIENT: _____

POST HOSPITAL PLANS & MEDICATIONS: _____

FINAL DIAGNOSIS: _____



PHYSICIAN SIGNATURE

SHORT STAY RECORD