

MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

Student Name _____

Student ID# _____

Directions to Student: Fill out Part I entirely before seeing the physician. Have the physician complete Part II through Part VII at the time of your physical examination. Bring the completed form back and submit to your program director.

I. HEALTH HISTORY (This part must be completed by the student before seeing the physician.)

Last Name _____ First Name _____ Birth date _____

Address _____ City _____

Email _____ Telephone _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Last Name _____ First Name _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

LOCAL PHYSICIAN PREFERENCE

Name _____ Office Phone _____

PAST MEDICAL HISTORY AND ILLNESSES - Indicate any of the following that apply:

- ☐ Rheumatic Fever
- ☐ Heart Murmurs
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Tuberculosis
- ☐ Asthma/Hay Fever
- ☐ Difficulty in Breathing
- ☐ Pneumonia
- ☐ Diabetes
- ☐ Stomach/Intestine Problems
- ☐ Hernia
- ☐ Thyroid Problems
- ☐ Kidney Disease
- ☐ Fainting
- ☐ Recurring Headaches

- ☐ Mental Illness
- ☐ Epilepsy/Convulsions
- ☐ Meningitis
- ☐ Amputations
- ☐ Athletic Injuries
- ☐ Back Problems
- ☐ Anemia
- ☐ Major Illnesses: _____

☐ Surgeries: _____

If any items are checked above, please explain: _____

History And Physical Forms For Internal Medicine

Peipei Pang



History And Physical Forms For Internal Medicine:

Uncover the mysteries within Explore with is enigmatic creation, Embark on a Mystery with **History And Physical Forms For Internal Medicine** . This downloadable ebook, shrouded in suspense, is available in a PDF format (PDF Size: *). Dive into a world of uncertainty and anticipation. Download now to unravel the secrets hidden within the pages.

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