



CHRISTIANA CARE  
HEALTH SERVICES



HP

**HISTORY AND PHYSICAL**  
**(Short Stay – Less than 48 hours)**

**Instruction:**

To be completed by physician within no more than 30 days of surgery date. Detail problems in associated area.

**HISTORY**

**Chief Complaint**

**History of  
Present Illness**

**Past Medical and  
Surgical History**

**Allergies**

**Medications**

**Psychosocial  
Assessment**

**PHYSICAL EXAMINATION**

**Pulse:**                      **Blood pressure:**                      **Temperature:**                      **Respiratory rate:**                      **Pain level (0 - 10):**

**General**

**Head and Neck**                      ☐ Reviewed and normal                      ☐ Deferred

**Heart and Lungs**                      ☐ Reviewed and normal                      ☐ Deferred

**Abdomen**                      ☐ Reviewed and normal                      ☐ Deferred

**Rectal and/or  
Pelvic Examination**                      ☐ Reviewed and normal                      ☐ Deferred

Pregnancy and lactation status:

**Extremities**                      ☐ Reviewed and normal                      ☐ Deferred

**Neurological  
Examination**                      ☐ Reviewed and normal                      ☐ Deferred

**Other Pertinent  
Physical Findings**

**Diagnosis/  
Impression**

**Initial Plan of Care**

Physician Signature/Title

Print Name or ID#

Date

Time