

Northlake Surgical Center

1491 Montreal Road • Tucker, GA 30084 • 770.270.1284 Fax 1.877.440.9661

PATIENT NUMBER	PATIENT NAME	ADMISSION DATE
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HISTORY

Chief Complaint/Reason for Admission:

Medical History:

Current Medications:

ALLERGIES

Previous Surgery:

Family History:

Bleeding/Clotting Abnormalities:

PHYSICAL: (Comment on ALL major body systems)

BP _____ Pulse _____ Resp _____ Temp _____ Ht _____ Wt _____

Mental Status:

Head and Neck:

Heart:

Skin:

Chest: (lungs)

Abdomen:

Breast:

Genitalia:

Musculoskeletal:

Extremities:

IMPRESSION/DIAGNOSIS:

Date:

- No Change in Condition Since Initial Assessment
 Change in Condition Since Initial Assessment, Noted Below

PHYSICIAN SIGNATURE	DATE	<input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE
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