



**Advanced Surgical Associates, L.L.C.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

**History of Present Illness**

**Physical Exam**

Temp: \_\_\_\_\_ HR: \_\_\_\_\_ Resp.: \_\_\_\_\_ BP: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_ IBW: \_\_\_\_\_

HEENT:	BREAST:
NECK:	
LUNG:	VASC:
HEART:	
ABD:	EXTREMITIES:
RECTAL:	INGUINAL:

**Laboratory/Radiology/Diagnostic Results**

<b>Impression</b>	<b>Plan</b>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consult Dictated Date: \_\_\_\_\_ H&P Dictated Date: \_\_\_\_\_