



Coös County Nursing Hospital
P.O. Box 10
West Stewartstown, NH
(603) 246-3321 / Fax (603) 246-8117

HISTORY AND PHYSICAL EXAMINATION

Patient Name:	Date:
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Vital Signs

B/P:	Pulse:	Respirations:	Temp:	Height:
				Weight:
Date of last Immunization:				
Tetanus:	Flu:	Pneumovax:	Mantoux:	

History

History of Present Illness: _____ _____ _____ _____
Past History: : _____ _____ _____ _____
Family History: : _____ _____ _____ _____
Social History: : _____ _____ _____ _____

Physical Examination

HEENT: _____

CHEST: _____

BREAST:: _____

HEART: _____

LUNGS: _____

ABDOMEN: _____

GENITALIA: _____

RECTAL: _____

EXTREMITIES: _____

NEUROLOGICAL: _____

OTHER: _____

Summary

Physician Signature

Date