New West
sports medicine & orthopaedic surgery

2810 W. 35th Street
Kearney, NE 68845
Phone: (308) 865-2570 or (800) 408-1689

History and Physical Hospital

PATIENT NAME or STICKER: _____

HPI: _____

PAST MEDICAL HISTORY: ☐ None ☐ Heart Disease ☐ Lung disease ☐ Diabetes ☐ Hypertension
☐ Anesthetic complications ☐ Infections ☐ Bleeding disorders
_____

CURRENT MEDS: Up to date in chart

ALLERGIES: ☐ None _____

SOCIAL HISTORY: ☐ Tobacco ☐ No Tobacco

FAMILY HISTORY: ☐ No history of bleeding disorders ☐ No history of anesthetic complications

REVIEW OF SYSTEMS: ☐ Negative except as above

PHYSICAL EXAM
General: ☐ No acute distress _____
Neuro: ☐ Awake and alert _____
Cardiovascular: ☐ Well perfused extremities _____
Respiratory: ☐ Nonlabored respirations _____
Gait: ☐ Normal ☐ Wheelchair ☐ In Bed _____
Extremities:
_____

ASSESSMENT: _____

PLAN: ☐ OR for repair

_____

_____

_____ Date: ____/____/____ or _____ Date: ____/____/____
Paul Nielsen, MD Sarah Fehringer, PA-C

_____ Date: ____/____/____ or _____ Date: ____/____/____
Jensyn Beranek, PA-C Rylee Smith, PA-C