

**Carolinas Pulmonology**  
**History/Physical Form**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Age \_\_\_\_\_ M/S/W/D

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Ref Phys: \_\_\_\_\_

Present Illness: \_\_\_\_\_ Duration: \_\_\_\_\_ Days \_\_\_\_\_ Wks \_\_\_\_\_ Size \_\_\_\_\_

Symptoms: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PMH:**

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**PSH:**

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**ALLERGIES/REACTION:** NKDA \_\_\_\_\_

**SOCIAL HX:** G- \_\_\_\_\_ P- \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_ **LMP:** \_\_\_\_\_

**FAMILY HX**

|          |                 |
|----------|-----------------|
| M- _____ | SIBLINGS- _____ |
| F- _____ | OTHER- _____    |

**SMOKES:** YES NO PPD \_\_\_\_\_ x \_\_\_\_\_ **YEARS** **ALCOHOL:** YES NO

**MEDICATIONS:**

**DO YOU TAKE THESE MEDICINES: COUMADIN, PLAVIX, PLETAL, EFFIENT, PRADAXA OR ASPIRIN**

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**Additional Info on Reverse Side:** YES NO **SIGN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Vital Signs:** Temp \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_ Weight \_\_\_\_\_

**General** \_\_\_\_\_ **Skin** \_\_\_\_\_ **Heart** \_\_\_\_\_ **HEENT** \_\_\_\_\_

**Chest/Lung/Breast** \_\_\_\_\_ **NEURO** \_\_\_\_\_ **ABD** \_\_\_\_\_

**Genital/Rectal** \_\_\_\_\_ **Urinary** \_\_\_\_\_ **Extremities** \_\_\_\_\_

**Impression** \_\_\_\_\_ **Plan** \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_

