

**GENERAL HEALTH HISTORY FORM**

System	Findings	Notes
General	Appearance	
General	Weight	
General	Height	
General	BMI	
General	Temp	
General	Pulse	
General	BP	
General	Respiratory Rate	
General	Oxygen Saturation	
General	Other	
Head & Neck	Head	
Head & Neck	Eyes	
Head & Neck	Ears	
Head & Neck	Nose	
Head & Neck	Throat	
Head & Neck	Neck	
Chest	Lungs	
Chest	Heart	
Abdomen	GI	
Abdomen	GU	
Abdomen	Other	
Extremities	Upper	
Extremities	Lower	
Neurological	Motor	
Neurological	Sensory	
Neurological	Reflexes	
Neurological	Other	
Psychiatric	Mood	
Psychiatric	Thought	
Psychiatric	Behavior	
Psychiatric	Other	

**Review of Systems**

**HEENT:** Vision:  normal,  blurry,  double,  other: \_\_\_\_\_  
 Color vision:  normal,  abnormal: \_\_\_\_\_  
 Pupils:  normal,  abnormal: \_\_\_\_\_  
 Extraocular muscles:  normal,  abnormal: \_\_\_\_\_  
 Ears:  normal,  abnormal: \_\_\_\_\_  
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**Respiratory:**  normal,  abnormal: \_\_\_\_\_

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**Neurological:**  normal,  abnormal: \_\_\_\_\_

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