

KADLEC MEDICAL CENTER
888 SWIFT BLVD
RICHLAND, WA 99352
(509) 946-4611

PATIENT IDENTIFICATION

Outpatient History & Physical

History

Chief Complaint: _____

Present Illness: _____

Allergies: _____

Medications: _____

Significant Past Medical History: _____

Physical Examination

HEENT: _____ BP: _____ / _____ Pulse: _____ Temperature: _____

Heart: _____

Lungs: _____

Abdomen: _____

Other Positive Physical Findings: _____

Diagnosis: _____

Plan: _____

Physician Signature

Date/Time



Date: 08/01/07