Medical Walk-in & Wellness
Sai Medical Services LLC
162 Main Street Metuchen, NJ 08840
PHONE :(732) 494-8100 FAX: (732) 494-8101

DATE:_____/_____/_____

HISTORY AND PHYSICAL EXAM

NAME _____ AGE _____ DOB_____ GENDER _____

ALLERGIES

CURRENT MEDICATION

PMH

PSH

VITALS		**S**	**M**	**D**	**W**	**FAMILY HISTORY:**
WT **BP** **Temp** **LMP**	**Height** **Pulse** **O2Sat**	**SMOKE** **EtOH** **REC DRUGS**	**Y**		**N**	

CHIEF COMPLAINT:

HPI	**PHYSICAL EXAM**
Constitutional **HEENT** **Neck** **RS** **CVS** **GI** **GU** **MSK** **Neuro** **Skin** **Psych** **Immuno/ Rheum/ Heme**	**Constitutional** **HEENT** **Neck** **RS** **CVS** **GI** **GU** **MSK** **Neuro** **Skin** **Psych** **Immuno/ Rheum/ Heme**
	PLAN **FOLLOW UP**