HIGHLAND HOSPITAL | An Affiliate of the University of Rochester Medical Center

MEDICINE of THE HIGHEST ORDER

Blood Transfusion Center
History and Physical

Patient Name _____ Date_____

Date of birth _____

Relevant past medical/surgical history

_____
_____
_____
_____
_____
_____

History of present illness

_____
_____
_____
_____

Allergies _____

Medications(or attach list)

_____
_____
_____

Review of systems

Normal	***Abnormal***
☐ Constitutional	☐ _____
☐ Skin	☐ _____
☐ HEENT:	☐ _____
☐ Respiratory	☐ _____
☐ Cardiovascular	☐ _____

MD/NP/PA Name (printed _____
Signature _____
Pager number _____
Telephone number _____