

## HISTORY AND PHYSICAL

Patient \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ MR# \_\_\_\_\_

Procedure \_\_\_\_\_ Diagnosis \_\_\_\_\_ Surgeon \_\_\_\_\_

**Vital Signs** B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

### HISTORY

Medical History

Surgical History

Family History

Allergies

Medications (Please provide a complete list of medications including dosage)

### PHYSICAL EXAM

Normal (✓)

Comments/Abnormal Findings

PHYSICAL EXAM	Normal (✓)	Comments/Abnormal Findings
General		
Skin		
Eyes		
ENT		
Respiratory		
Cardio Vascular		
Abdomen/GI		
GU		
Neurologic		
Mental Status		
Impressions		

 Pregnancy test performed for female patient of childbearing years (18-50)?  Yes  No Result \_\_\_\_\_

 Patient is cleared for surgery in an ambulatory setting  Yes  No

 \_\_\_\_\_  
 Physician Signature

 \_\_\_\_\_  
 Date