

**History and Physical**

DATE OF SURGERY: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROCEDURE: \_\_\_\_\_

PRE OPERATIVE DIAGNOSIS / DIAGNOSIS HISTORY:

SIGNIFICANT PAST MEDICAL HISTORY:

ALLERGIES: (including reactions)

BLEEDING TENDENCY: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

VITAL SIGNS: B/P \_\_\_\_\_ p \_\_\_\_\_ R \_\_\_\_\_

HEENT ☐ WNL \_\_\_\_\_HEART ☐ WNL \_\_\_\_\_LUNGS ☐ WNL \_\_\_\_\_ABDOMEN ☐ WNL \_\_\_\_\_GENITALIA ☐ WNL \_\_\_\_\_EXTREMITIES ☐ WNL \_\_\_\_\_NEUROLOGIC ☐ WNL \_\_\_\_\_ASSESSMENT OF MENTAL STATUS: ☐ ORIENTED X 3 OTHER: \_\_\_\_\_REVIEW OF SYSTEMS ☐ WNL \_\_\_\_\_☐ CLEARED FOR PLANNED SURGERY

PHYSICIAN ORDERS: \_\_\_\_\_

DATE: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_