

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: _____