

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**History and Physical**

CHIEF COMPLAINT AND PRESENT ILLNESS \_\_\_\_\_

INDICATION FOR PROCEDURE OR HOSPITALIZATION \_\_\_\_\_

OPERATION TO BE PERFORMED \_\_\_\_\_

**PAST HISTORY:** If yes, please describe \_\_\_\_\_

Cardiovascular Disease:  No  Yes \_\_\_\_\_

Pulmonary Disease:  No  Yes \_\_\_\_\_

Diabetes:  No  Yes \_\_\_\_\_

Other: \_\_\_\_\_  No  Yes MRSA? \_\_\_\_\_

Bleeding:  No  Yes \_\_\_\_\_

Reaction to Anesthesia:  No  Yes \_\_\_\_\_

Drug Sensitivities & Allergies:  No  Yes \_\_\_\_\_

Previous Surgery \_\_\_\_\_

Present Medications \_\_\_\_\_

**FAMILY HISTORY** \_\_\_\_\_

Similar Lesion \_\_\_\_\_

**SOCIAL HISTORY** \_\_\_\_\_

**REVIEW OF SYSTEMS** \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Cardiac Disease:  No  Yes \_\_\_\_\_

Respiratory Disease:  No  Yes \_\_\_\_\_

Gastrointestinal Disease:  No  Yes \_\_\_\_\_

Genito-urinary Disease:  No  Yes \_\_\_\_\_

Neurological Disease:  No  Yes \_\_\_\_\_

Menstrual: Menarche N/A Frequency \_\_\_\_\_ Duration \_\_\_\_\_ LMP \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ AB \_\_\_\_\_

**PHYSICAL EXAMINATION** BP: \_\_\_\_\_ P: \_\_\_\_\_ T: \_\_\_\_\_ RR: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

HEENT:  Normal  Abnormal \_\_\_\_\_

Heart:  Normal  Abnormal \_\_\_\_\_

Chest:  Normal  Abnormal \_\_\_\_\_

Abdomen:  Normal  Abnormal \_\_\_\_\_

Extremities:  Normal  Abnormal \_\_\_\_\_

Skin:  Normal  Abnormal \_\_\_\_\_

Genito-Urinary:  Normal  Abnormal \_\_\_\_\_

**IMPRESSION:** \_\_\_\_\_

**PLAN:** \_\_\_\_\_

THE PATIENT IS CLEARED FOR THIS PROCEDURE IN AN AMBULATORY SETTING.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_