History and Physical Form

Patient Name: ______________________ DOB: __________

Chief Complaint: ______________________

History of Present Illness: ______________________

☐ Yes ☐ No ☐ NA Is there any possibility this patient could be pregnant: (LMP) __________

Surgical History (include problems with anesthesia)	**Social History**	**Family History**
	Tobacco History:	
Past Medical/Obstetrical/Psychiatric History:	☐ never ☐ Previous (quit: ________)	
	☐ Current smoker Amount: ______packs/day for _____ years	
	Alcohol consumption: _____ number of drinks/week	

Medications: ☐ None ☐ YES - Use Patient Medication Sheet

Allergies: ☐ None ______________________ ☐ Latex

YES	NO	Review of Systems: PLEASE COMMENT ON YES RESPONSE
☐	☐	GEN i.e. - Fever, weak, weight loss
☐	☐	EYES i.e. - Pain red, discharge, Δ vision, diplopia
☐	☐	Glaucoma
☐	☐	ENT i.e. - Congestion, ear pain/discharge, sore throat, epistaxis
☐	☐	recent respiratory illness
☐	☐	CV i.e. - chest pain, palpitations, edema, SOB, syncope
☐	☐	Poor Ecercise Tolerance
☐	☐	☐ CAD ☐ Hypertension ☐ CHF
☐	☐	MI Date: Cardiologist:
☐	☐	CABG/Angioplasty ☐ Pacemaker/Defibrilator Make________
☐	☐	RESP i.e. - SOB, coughing wheezing hemoptysis, sputum
☐	☐	☐ Asthma ☐ CPAP/BIPAP ☐ COPD
☐	☐	GI i.e - Hiatal Hernia, Reflux,N/V/D
☐	☐	GU i.e. - Dysuria, hematuria, frequency, discharge
☐	☐	NEURO i.e. - Headache, seizure, AMS, paresthesias
☐	☐	MS i.e. - Muscle/joint pain, trauma, swelling, ↓ ROM
☐	☐	SKIN i.e. - Rash, itch, bruise, trauma
☐	☐	PSYCH i.e. - Anxiety, depression, suicidal, homicidal
☐	☐	IMMUN/ALLERG i.e. - Allergies, hives, HIV+, UTD
☐	☐	ENDOCRINE i.e. - Weight loss/gain, polyuria, polydispia
☐	☐	Diabetes AVG. AM Blood Sugar

YES	NO	Anesthesia Airway
☐	☐	No previous complications
☐	☐	Family Hx Anesthesia problems
☐	☐	Hx Malignant Hyperthermia
☐	☐	Other

YES	NO	Pediatrics
☐	☐	Normal
☐	☐	Recent URI/illness
☐	☐	Prematurity
☐	☐	Congenital Anomoly
☐	☐	Apnea
☐	☐	Other

Comments :

Patient Sticker

ANIMAS SURGICAL HOSPITAL

History and Physical Form

Vital Signs

BP ________ HR ________ RR ________ Temp ________

SaO2: ________ ☐ Room Air ☐ on Oxygen LPM

Height ________
Weight ________
BSI ________

PHYSICAL EAM

General Appearance ________ **Comment**

HEENT	☐ WNL	☐ Thyroid WNL		
Cardiovascular	☐ RRR S1S2	☐ S3	☐ S4	
Pulmonary	☐ Lungs CTA B/L			
GI	☐ Benign/Normoactive BS			
Extremities	☐ No edema	☐ No Clubbing		
Musculoskeletal	☐ NML Muscle tone	☐ NML Muscle Strength		
Neurological	☐ NML Mental Status	☐ CN II-XII		
Genitalia/Rectum	☐ Deferred	☐ No masses		

Other: ________

Diagnostics: On Record

☐ See attached diagnostic studies

Lab Results:

BMP	________	Glu	________	UA	________
BUN	________	PT	________	Other	________
Cr	________	PTT	________		________
CBC	________	Hgb	________		________

Cardiac Testing:

EKG ________ ECHO ________ Other ________

Diagnostic Imaging:

CXR ________ MRI ________ US ________ other: ________

Assessment: ☐ Medial conditions optimized, may proceed directly to surgery

☐ Further evaluation needed as follows: ________

Comments: ________

________ ________ ________ ________

Physician Name **Physician Signature** **Date** **time**

☐ **History and Physical Reviewed and updated for Day of Surgery**

________ ________ ________

Physician Signature **Date** **time**

Patient Sticker