

PATIENT NAME _____ SURGEON _____

PRE-OP DIAGNOSIS _____

PROCEDURE _____

TO BE COMPLETED BY EXAMINING PHYSICIAN/SURGEON

H
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T
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R
Y

- 1. HISTORY OF PRESENT ILLNESS: _____
- 2. PAST MEDICAL HISTORY: _____
- 3. PAST SURGICAL/ANESTHESIA HISTORY _____
- 4. ALLERGIES: _____
- 5. MEDICATIONS: _____
- 6. FAMILY HISTORY: _____
- 7. SOCIAL HISTORY
 A. TOBACCO ____ ALCOHOL ____ DRUGS ____
 B. OTHER _____

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- PHYSICAL EXAMINATION**
- 1. B/P _____ P _____ R _____ HT. _____ WT. _____
 - 2. GENERAL _____
 - 3. HEENT: WNL OR _____
 - 4. HEART: WNL _____
 - 5. LUNG: WNL _____
 - 6. ABDOMEN: WNL _____
 - 7. EXTREMITIES: WNL _____
 - 8. NEUROLOGICAL: WNL _____
 - 9. GEN./RECTAL: Deferred by: _____

L
A
B
S

- CBC: _____ CHEMISTRIES: _____ PT/PTT _____
- OTHER: _____
- ECG: _____ CXR: _____
- MEDICAL CLEARANCE: _____

ASSESSMENT WITH INDICATION FOR SURGERY: _____

PLAN: _____

SIGNATURE

DATE

