

HISTORY AND PHYSICAL

PATIENT NAME: _____ AGE: _____ SEX: M F

ADMITTING DIAGNOSIS: _____

PROCEDURE: _____

INDICATIONS FOR SURGERY: _____

_____ Conservative Treatment Failed

ALLERGIES: _____ NKA Drug/Food

PAST MEDICAL HISTORY: _____

ROUTINE MEDICATION AND DOSAGES: _____

_____ None

PRIMARY CARE PHYSICIAN: _____

PRIOR SURGERIES: _____

COMORBIDITY: _____

SOCIAL HISTORY: Smoking ETOH Bleeding Disorders Mental Health

PLAN OF CARE: _____

PHYSICAL EXAM SYSTEM:	Examined and Normal	Abnormal Findings Explained
Mental Status	<input type="checkbox"/>	<input type="checkbox"/> _____
HEENT	<input type="checkbox"/>	<input type="checkbox"/> _____
Neurological	<input type="checkbox"/>	<input type="checkbox"/> _____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/> _____
Heart (required for sedation)	<input type="checkbox"/>	<input type="checkbox"/> _____
Lungs (required for sedation)	<input type="checkbox"/>	<input type="checkbox"/> _____
Chest/Breast	<input type="checkbox"/>	<input type="checkbox"/> _____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/> _____
GI	<input type="checkbox"/>	<input type="checkbox"/> _____
GU	<input type="checkbox"/>	<input type="checkbox"/> _____
Gyn (if applicable)	<input type="checkbox"/>	<input type="checkbox"/> _____
Skin	<input type="checkbox"/>	<input type="checkbox"/> _____
Endocrine	<input type="checkbox"/>	<input type="checkbox"/> _____

I HAVE DISCUSSED THE PROCEDURE, AND ANY NECESSARY SEDATION, ALONG WITH RISKS, BENEFITS AND ALTERNATIVES. THE PATIENTS UNDERSTANDS AND ACCEPTS.

MD Signature: _____ Date: _____ Time: _____