

**HISTORY AND PHYSICAL
PHYSICIAN DOCUMENTATION AND ORDERS**

PATIENT'S NAME: _____

Pre-Op Diagnosis / Reason for Procedure: _____

Surgical Procedure: _____

Date and Time of Surgery: _____

Informed Consent: Risks Benefits Alternative Choices Potential Complications

Comments: _____

Plan for Anesthesia: General Local Moderate Sedation Regional MAC

MEDICAL HISTORY:

History of Present Illness: _____

Medical History: _____

Surgical History: _____

Family & Social History: _____

Allergies: _____

Current Medications: _____

Review of Systems: _____

PHYSICAL EXAMINATION: WNL (Within Normal Limits) ABN (Abnormal – Requires Comment)

Vital Signs: T: _____ BP: _____ HR: _____ RR: _____ HT: _____ WT: _____

General HEENT WNL ABN _____

Fundoscopic for Diabetes Patients WNL ABN _____

Cardiovascular WNL ABN _____

Respiratory WNL ABN _____

Abdominal WNL ABN _____

Neurological Examination WNL ABN _____

Extremities WNL ABN _____

Breast WNL ABN _____

Pelvic WNL ABN _____

Genitals WNL ABN _____

Rectal WNL ABN _____

PRE-OPERATIVE TEST REQUESTED: May be completed 1 – 7 days prior to Surgery

CBC Glucose EKG Location of Lab: _____

PT Bleeding Time Chest X-Ray _____

PTT Lytes Other: _____

UA Fingerstick H & H

PRE-OPERATIVE – PHYSICIAN'S ORDERS:

Consent to read: _____

Antibiotic: _____ Other: _____

M.D. Signature: _____ Date: _____ Time: _____



Revised 06/2022