

HISTORY AND PHYSICAL

DATE: ____/____/____ NAME: _____ AGE _____ M F

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PRESENT ILLNESS/INDICATIONS FOR PROCEDURE: _____

PAST MEDICAL HISTORY: NEGATIVE _____

PREVIOUS SURGERIES: _____

MEDICATIONS: NONE _____ TOBACCO _____ / DAY

DRUG ALLERGIES: NONE _____ ALCOHOL _____ / DAY

FAMILY HISTORY: NEGATIVE LATEX ALLERGY YES NO

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_____ WT _____ HT

GENERAL: NORMAL _____

HEENT: NORMAL _____

NECK: NORMAL _____

HEART: NORMAL _____

LUNGS: NORMAL _____

BREASTS: NORMAL NOT EXAMINED _____

ABDOMEN: NORMAL _____

PELVIC: NORMAL NOT EXAMINED _____

RECTAL: NORMAL NOT EXAMINED _____

GENITALS: NORMAL NOT EXAMINED _____

EXTREMITIES: NORMAL _____

NEUROLOGIC: NORMAL _____

ADMIT (PREOP) DIAGNOSIS: _____

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DATE ____/____/____

LABORATORY: CBC UA PT,PTT BASIC COMP LIVER BHCG LYTES BUN
 CREAT GLUCOSE OTHER: _____ CXR EXG WITH INTERP

PATIENT SENT FOR ALL LABS BY MD OFFICE RESULTS SENT TO SURGICARE

ANESTHESIA: GENERAL MAC LOCAL IVCS OTHER: _____

OP PERMIT FOR: _____

PREOP MEDICATION: _____

I HAVE DISCUSSED RISKS, BENEFITS & ALTERNATIVES WITH PATIENT PAIN MANAGEMENT DISCUSSED WITH PATIENT TEDS SCDS

PHYSICIAN SIGNATURE: _____

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DATE ____/____/____ POSTOP DIAGNOSIS UNCHANGED _____

OPERATION PERFORMED: _____

SURGEON: _____ ASSISTANT: _____

FINDINGS: _____

EBL SPECIMEN SENT

CONF #: _____ DISPOSITION/CONDITION: TO PACU STABLE PROCEDURE: SEE DICTATE REPORT

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COMPLICATIONS: NONE

DISCHARGE WHEN CRITERIA MET; CONDITION: SATISFACTORY OTHER _____

MEDICATIONS: NONE RESUME PREVIOUS MEDS R/X GIVEN _____

FOLLOW UP: _____ DAYS _____ WEEKS _____ MONTHS PATIENT TO CALL OFFICE FOR APPT. APPT. _____

DIET: REGULAR LIQUID SOFT BLAND HIGH FIBER ADA _____ CAL LOW Na _____ gram

ACTIVITY: AD LIB BED REST NO STRENUOUS ACTIVITY

DRESSINGS: KEEP CLEAN AND DRY REMOVE AFTER _____ HRS USE ICE PACK OVER INCISION SITE YOU MAY SHOWER (NO TUB BATH) IN _____ HRS

OTHER: _____

PRINTED INSTRUCTION SHEET SPECIAL INSTRUCTIONS _____

PHYSICIAN _____

PATIENT INFORMATION