



Affix Patient Sticker Here

History & Physical

Chief Complaint/Present Illness _____

Occupation: _____ **Admitting Service** _____ **Referring Service** _____

Surgery Planned _____

Injuries and/or Operations _____

Past History/Previous Illness _____

Cardiovascular	<i>Swelling ankles</i>	<i>Chest Pain</i>	<i>Heart attack</i>	<i>Dyspnea</i>	<i>High BP</i>	<i>Other</i>
Respiratory	<i>Cough</i>	<i>Asthma</i>	<i>head cold</i>	<i>smoking hx</i>	<i>hemoptysis</i>	<i>other</i>
Digestive	<i>ulcer</i>	<i>jaundice</i>	<i>other</i>			
Genito-Urinary	<i>Dysuria</i>	<i>Hematuria</i>	<i>Menstrual hx</i>		<i>LMP</i>	<i>other</i>
Central Nervous	<i>seizures</i>		<i>other</i>			
Metabolic	<i>Diabetes</i>	<i>wt loss</i>	<i>obesity</i>	<i>other</i>		
Hematologic	<i>bleeding disorder</i>	<i>anemia</i>	<i>other</i>	<i>family history</i>		

Medication /Dose /Frequency

Allergies and Reaction

Blood Thinners or ASA _____

Latex Allergy _____

Physical Exam

Temp _____ Pulse: _____ BP _____ Resp _____ Ht _____ Wt _____
 Head/Neck _____ General Appearance _____
 Chest/Heart/Lungs: _____ Breast _____
 Abdomen _____
 Vaginal/Rectal _____
 Other _____

Diagnosis _____
 Physician Signature _____ Date _____ Time _____

History & Physical Update (Complete on Day of Surgery)

- At the time of the procedure there is no change in H&P and patient is candidate for ASC
- At the time of the procedure the following H&P CHANGES have occurred _____

Surgeon's Signature _____ Date _____ Time _____