

Preoperative History & Physical Examination Form

Patient Name _____ Date _____

Date of Birth: _____ Diagnosis _____

Proposed Surgical Procedure _____

Surgeon _____ Date of Surgery _____

PAST MEDICAL HISTORY _____

CURRENT MEDICATIONS

Medication	Dosage	Frequency	Medication	Dosage	Frequency

ALLERGIES _____

PAST SURGICAL HISTORY

Date	Surgery	Hospital Name	Complications

SOCIAL HISTORY Smoking _____ Alcohol _____ Caffeine _____

REVIEW OF SYSTEMS - Check Box if Applicable

Cardiovascular None

- Hypertension
- Angina/chest pain
- MI/CAD
- Arrhythmia/palpitations
- CHF
- Valve disease
- Peripheral vascular disease
- Pacemaker/AICD
- Cardiac surgery
- Coronary stents
- Poor exercise tolerance

Anesthesia None

- Family history of problems
- Previous anesthesia complications

GYN

- LMP _____
- Tubal ligation

Hematologic None

- Sickle cell disease/trait
- Coagulopathy
- Transfusion
- Accepts transfusion
- Anemia
- Cancer
- Chemotherapy

GI/Renal/Endocrine None

- Thyroid disease
- Diabetes I or II
- Obesity
- Heartburn/reflux
- Hepatitis
- Renal insufficiency
- Recent steroid use
- Nausea/vomiting
- Urinary tract infection

Pulmonary None

- Asthma
- Smoking history
- COPD/emphysema
- Sleep apnea
- SOB
- Cough/productive cough
- Wheezing
- PND/orthopnea
- Tuberculosis

Neurologic/MS None

- TIA or stroke
- Seizures
- Neuromuscular disease
- Cerebrovascular disease
- Arthritis
- Dementia/Alzheimer's
- Elevated ICP
- Loss of consciousness
- Back problems
- Muscular dystrophy
- Paralysis
- Syncope

Comment on positives or symptoms not listed:

PEDIATRICS Recent URI/Illness Prematurity Congenital Anomaly Apnea

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PHYSICAL EXAM

Sex	Race	Age	Height	Weight (KG)	BP	Pulse	Resp	Temp

General appearance _____

HEENT PERRLA EOMI No Lymphadenopathy No JVD O/P WNL
 Thyroid WNL TM WNL

Abnormal:

Cardiovascular RRR S1S2 S3 S4

Abnormal:

Pulmonary Lungs CTA B/L

Abnormal:

GI Abd Benign - Normoactive BS No Hepatosplenomegaly

Abnormal:

Extremities No Clubbing No Cyanosis No Edema

Abnormal:

Musculoskeletal NML Muscle Tone NML Strength

Abnormal:

Neurological CN II-XII intact NML Mood

Abnormal:

Genitalia/Rectum Deferred No masses Heme negative

Abnormal:

ASSESSMENT _____

The surgery proposed for this patient is low / intermediate / high risk.

The patient represents low / intermediate / high risk of cardiac mortality because of minor / intermediate / major clinical predictors. _____

- PLAN** Further testing for this patient **IS NOT** recommended. The patient may proceed directly to surgery.
- Further testing **IS** recommended for this patient. The following test(s) are to be obtained prior to the planned surgical procedure:
- _____

MD/PA/NP Name (PRINT) _____ Date _____

Provider Signature _____ Phone Number (_____) _____

FAX COMPLETED FORMS ASAP:

Patients of Dr. Herzenberg, Dr. Standard, Dr. Siddiqui, and Dr. Bibbo: 410-601-9575

Patients of Dr. Conway: 410-601-9576