

Adult Surgery/Special procedure History and Physical

Name: _____ Age: _____ DOB: / /

 Diagnosis: _____

 Planned Procedure: _____

Present and Recent Illness:

Medications: _____

 Allergies: _____

Social History: Smoking : Yes How much _____, Drinking : Yes How much _____, Drugs: Yes
 No No No

Medical/Surgical History	Yes	No	Details of Positive Responses
1. PREVIOUS SURGERY/HOSPITALIZATION			
2. PAST ANESTHESIA HISTORY			
4. RESPIRATORY (e.g., Snoring, Apnea, Asthma)			
5. CARDIOVASCULAR (e.g., Heart Murmur, HTN, CHD)			
6. GI (Reflux)			
7. RENAL/URINARY			
8. HEMATOLOGY/ONCOLOGY (bleeding, transfusion Chemo/RT)			
9. ENDOCRINE/METABOLIC			
10. NEURO/SEIZURE			
11. Other			

Physical Exam:

BP ___/___ HR: _____ T: _____ RR: _____

Physical Appearance: _____
 HEENT: _____
 Lungs: _____
 Heart: _____
 Abdomen: _____
 Extremities: _____
 Mental Status: _____
 Others: _____

Laboratory Results N/A CBC PT/PTT Urine Pregnancy

Cleared for Anesthesia/Surgery/Surgical Procedure Yes No

Signature: _____ Print Name: _____
 Office Phone Number _____ Date: _____