



**Name:**

**Date of Birth:**

**Weight:**

**BMI:**

**OPERATIVE AND INVASIVE PROCEDURE**

**HISTORY AND PHYSICAL**

**PATIENT NAME**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

**PARENT/GUARDIAN NAME** PHONE # \_\_\_\_\_ ALT # \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

SURGERY/PROCEDURE DATE \_\_\_\_\_ SURGEON/PHYSICIAN \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CHIEF COMPLAINT AND HISTORY OF PRESENT PROBLEM(S)

\_\_\_\_\_  
\_\_\_\_\_

PAST BIRTH/MEDICAL/HOSPITALIZATIONS

\_\_\_\_\_  
\_\_\_\_\_

SURGICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_  
REVIEW OF SYSTEMS: \_\_\_\_\_

SOCIAL HISTORY: \_\_\_\_\_

**PHYSICAL EXAM (NORMAL is not an acceptable description)**

General \_\_\_\_\_

HEENT \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_



**Name:**

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Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Other \_\_\_\_\_

**Comments/Specialty Exam**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*SIGNATURE/TITLE\*** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_

\_\_\_\_\_

**Anesthesia Pre-Op Anesthesia Assessment:**

\_\_\_\_\_

**History and physical reviewed, patient interviewed and examined, No changes in Health status.**

**Physical exam:**

**ASA:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Pre-op**

**VS: T** \_\_\_\_\_ **P** \_\_\_\_\_ **SPO2** \_\_\_\_\_ **BP** \_\_\_\_\_

**Airway: No predictors of difficulty**

**Additional Physical exam:**

\_\_\_\_\_

**Anesthesia Post-op Assessment:**

**CNS: at baseline**

**VS: P** \_\_\_\_\_ **T** \_\_\_\_\_ **SPO2** \_\_\_\_\_ (room air)

**No anesthetic complications noted.**

**OK for discharge home. Instructions provided to patient.**

**SIGNATURE/TITLE** \_\_\_\_\_ **DATE/TIME** \_\_\_\_\_