

## **MEDICAL HISTORY AND PHYSICAL** FOR THE SURGICAL PATIENT

| Patient Name:   |                 |               |                   | Date:                   |             | dd/mm/yyyy |
|---|-----------------|---------------|-------------------|-------------------------|-------------|------------|
| Doctor's Name: (please p  | rint)           |               |                   |                         |             |            |
| Surgeon's Name:   |                 |               |                   |                         |             |            |
| Allergies: □ N/A □ L  | _atex ☐ Medica  | ation (please | list):            |                         |             |            |
|   |                 |               |                   |                         |             |            |
| History of Present Illness:   |                 |               |                   | Past Surgeries:         |             |            |
|   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
| Pact Madical Listary (include data of creat)                          |                 |               |                   | Medications:            |             |            |
| Past Medical History (include date of onset)   Malignant Hyperthermia |                 |               |                   | Name                    | Dose        | Frequency  |
| □ Respiratory   |                 |               |                   | Name                    | Dose        | riequency  |
| ☐ Sleep Apnea   |                 |               |                   |                         |             |            |
| ☐ Cardiac   |                 |               |                   |                         |             |            |
| ☐ Pacemaker   |                 |               |                   |                         |             |            |
| ☐ Valvular Heart Disease  | <u> </u>        |               |                   |                         |             |            |
| ☐ Hypertension  |                 |               |                   |                         |             |            |
| ☐ Alpha–1 Block used (p.  | ast or present) |               |                   |                         |             |            |
| ☐ Diabetes  | act of procent) |               |                   |                         |             |            |
| ☐ Kidney  |                 |               |                   |                         |             |            |
| ☐ Stroke/CVA  |                 |               |                   |                         |             |            |
| ☐ Seizures  |                 |               |                   |                         |             |            |
| ☐ Hepatitis   |                 |               |                   |                         |             |            |
| ☐ Cancer  |                 |               |                   |                         |             |            |
| ☐ Morbid Obesity  |                 |               |                   |                         |             |            |
| ☐ Other   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
|   |                 |               |                   |                         |             |            |
| Physical Examination:   |                 |               |                   | Specific Abnormalities: |             |            |
|   |                 |               |                   |                         |             |            |
| B/P   | Р               |               |                   | Lab:                    |             |            |
|   |                 |               |                   |                         |             |            |
| Weight: kg  | Height:         | cm            |                   | EKG:                    |             |            |
|   | Nove-           |               |                   | Λ I                     |             |            |
| Normal  |                 |               |                   | Abnormal                |             |            |
| ☐ General ☐   |                 |               |                   | <u> </u>                |             |            |
| ☐ Head and Neck ☐   |                 |               |                   |                         |             |            |
| Lungs -   |                 |               |                   |                         |             |            |
| □ Heart □   |                 |               |                   |                         |             |            |
| ☐ Abdomen   |                 |               |                   |                         |             |            |
| ☐ May proceed to surge  | -               | r investigati |                   |                         | <b>10</b> : |            |
| Physician's Signature   |                 |               | Date dd/mm/yy     | Phone Number            | er/Stamp    |            |
|   |                 |               |                   |                         |             |            |
| 0   |                 |               |                   |                         |             |            |
| 02/20   |                 |               |                   |                         |             |            |
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