



Patient Name _____

Surgical Procedure/ Chief Complaint/ Details Present Illness _____

Surgery Date _____ Anesthesia Type _____

Surgeon _____

Patient Name: _____

Date of Birth: _____

Allergy/ Medication Sensitivity: _____

	CONDITION	HISTORY?		STABLE?		INDICATE CONDITION NUMBER (#) - Provide details and general review of systems
		NO	YES ▶	YES	NO	
HISTORICAL	① Coronary Artery Disease					
	② Hypertension					
	③ Congestive Heart Failure					
	④ Cardiac Arrhythmia					
	⑤ Valvular Heart Disease					
	⑥ Pulmonary Disease					
	⑦ Diabetes Mellitus					
	⑧ Bleeding Diathesis					
	⑨ Renal Disease					
	⑩ Hepatic Disease					
	⑪ Other Medical Condition(s)					

O Surgical History _____

R Relevant Family/ Social History _____

Y Last Menses (If Applicable) _____ Tobacco Use _____ ETOH Use _____ Drug Use _____

MEDICATIONS

PHYSICAL	B.P.	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS
	HEART			
PULSE	LUNGS			
OTHER PERTINENT FINDINGS:				

DATA LABORATORY, EKG, and X-Ray Evaluations ▶ See reverse side of this form for minimum requirements. Supply other pertinent results and information as deemed necessary. Send reports and mounted interpreted EKG's with this form. Please comment here on abnormal results.

CLEARANCE Do you wish to make any peri-operative management recommendations? No Yes

STATEMENT OF CLEARANCE: "There are no medical contraindications for the proposed procedure."

Examiner's Name (Printed) _____ License # _____ Date _____ Time _____

Examiner's Address _____ Telephone # _____

Examiner's Signature _____ Date _____ Time _____

***SURGEONS REVIEW** I have reviewed the above H&P. I certify that I have re-evaluated and re-examined this patient immediately prior to the procedure and there has been no significant change in his/her clinical condition since the above examination.

I certify that I have re-evaluated and re-examined this patient immediately prior to the procedure and there is a change in his/her clinical condition. See Progress Note.

Surgeons Signature _____ Print Name _____ Date _____ Time _____