Children's Wisconsin

Pre-Operative History & Physical
Main Campus

H&P must be completed within 30 days of Surgery Date ***Fill in ALL blanks***

Please fax *completed form* and *fax cover sheet* to Day Surgery (414) 266-3378 and (414) 266-1610

If questions, contact Day Surgery HUC (414) 337-8007

Patient Name: _____ Date of Surgery: _____

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

Chief complaint (Reason for surgery): _____

HPI: _____

MEDICAL & SURGICAL HISTORY:

ALLERGIES:

REVIEW OF SYSTEMS:

MEDICATIONS:

PHYSICAL EXAM:

	Normal	Positive findings
General:	☐	_____
HEENT:	☐	_____
Heart:	☐	_____
Lungs:	☐	_____
Abdomen:	☐	_____
Extremities:	☐	_____
Neuro:	☐	_____
Skin:	☐	_____

FAMILY HISTORY:

SOCIAL HISTORY:

ASSESSMENT AND PLAN: _____

☐ Cleared for Surgery ☐ Not cleared for Surgery

Height: _____ Weight: _____ Temp: _____

HR: _____ Resp: _____ BP: _____ Pox: _____

Diagnostic testing: _____

_____ _____ _____

Provider Signature Date Time

_____

Print Provider Name