



Affix Patient Sticker Here

History & Physical

Chief Complaint/Present Illness _____

Occupation: _____ Admitting Service _____ Referring Service _____
 Surgery Planned _____ Right _____ Left _____
 Injuries and/or Operations _____

Past History/Previous Illness _____

| | | | | | | |
|------------------------|-------------------|------------|--------------|----------------|------------|-------|
| Cardiovascular | Swelling ankles | Chest Pain | Heart attack | Dyspnea | High BP | Other |
| Respiratory | Cough | Asthma | head cold | smoking hx | hemoptysis | other |
| Digestive | ulcer | jaundice | other | | | |
| Genito-Urinary | Dysuria | Hematuria | Menstrual hx | | LMP | other |
| Central Nervous | seizures | | other | | | |
| Metabolic | Diabetes | wt loss | obesity | other | | |
| Hematologic | bleeding disorder | anemia | other | family history | | |

Medication /Dose /Frequency _____

Allergies and Reaction _____

Blood Thinners or ASA _____ Latex Allergy _____

☐ PATIENT IS APPROPRIATE FOR STAND ALONE SURGICAL CENTER

Physical Exam

Temp _____ Pulse: _____ BP _____ RR _____ Ht _____ Wt _____

General Appearance _____

Head/Neck _____

Chest/Heart/Lungs: _____ Breast _____

Abdomen _____

Vaginal/Rectal _____

Diagnosis _____

Physician Signature _____ Date _____ Time _____

History & Physical Update (Complete on Day of Surgery)

- At the time of the procedure, I have examined the patient and there are no changes in H&P. The patient is candidate for ASC.
- At the time of the procedure the following H&P CHANGES have occurred _____

Surgeon's Signature _____ Date _____ Time _____