HISTORY AND PHYSICAL	Patient Name
History	Date of Birth
Allergies: No Yes	
Drug Allergies: No Yes	
Latex Allergies: No Yes	Weight Height
Reason for appointment/Present Illness:	
PREVIOUS SURGERY YEAR	MEDICATIONS DOSE LAST TAKEN
□ None	☐ None
	9
Anesthesia Complications Yes No	
Explain:	FAMILY HISTORY: No Medical Problems
Malignant Hyperthermia Yes No	☐ Diabetes ☐ Heart Disease
(High Fever during/after surgery)	☐ Cancer ☐ Thyroid
	Other (explain)
PAST MEDICAL HISTORY (check if positive)   None	
Diabetes High blo	od pressure
Stroke Heart pro	oblems/Murmur/AICD
	Epilepsy
Liver Problem-Hepatitis Resp. Pro	
Thyroid disease Bleeding	
MRSA VRE Ulcers/R	
Artificial joints Other	
SOCIAL HISTORY Smoke Yespacks/day _	2000
SHOKE 105 packs/day	The Medicinal and Tes and All Market
STAFF USE ONLY BELOW LINE	
LAB/XRAY Normal N/A Abnormal	COMMENTS
PHYSICAL EXAM	
WNL N/A Abnormal	
Mental Status	
HEENT	
Heart	
Lungs	
Abdomen	
Extremities	
Admit/Pre-op Diagnosis:	
Treatment Plan:	
Treatment Florit	
S	O <sub>2</sub> Sat. Pre-Op
Surgery Staff Information:	
	V
	N
	V
FORM # 130. Revision 07.28.04	