

# HISTORY & PHYSICAL

## Less Than 48 Hours Hospital Stay

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ M / F \_\_\_\_\_

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Present Illness/to include Indications for Procedure: \_\_\_\_\_

Prior Hospitalization/ Procedures/Surgery:  None \_\_\_\_\_

Complications related to Anesthesia/Sedation:  None \_\_\_\_\_

Medication:  None \_\_\_\_\_

Allergies:  None \_\_\_\_\_

Family History:  Negative \_\_\_\_\_

SUBSTANCE HISTORY  NA

Tobacco \_\_\_\_\_ / Day

Alcohol \_\_\_\_\_ / Day

Recreational Drugs \_\_\_\_\_

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VITAL SIGNS: TEMP \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ B.P. \_\_\_\_\_ WT \_\_\_\_\_

HEENT:  Normal \_\_\_\_\_

Neck:  Normal \_\_\_\_\_

Heart:  Normal \_\_\_\_\_

Lungs:  Normal \_\_\_\_\_

Breasts:  Normal  Not Examined \_\_\_\_\_

Abdomen:  Normal \_\_\_\_\_

Pelvic:  Normal  Not Examined \_\_\_\_\_

Rectal/Genitals:  Normal  Not Examined \_\_\_\_\_

Extremities:  Normal \_\_\_\_\_

Adenopathy:  None  Neck  Axilla  Groin \_\_\_\_\_

Neurologic:  Normal \_\_\_\_\_

Diagnosis: \_\_\_\_\_

I have discussed the risks, benefits and/or alternatives of this procedure with this patient.

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

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SEE PRE-PRINTED ORDERS

**Anesthesia:**  General  Local  MAC  Other Anesthesia: \_\_\_\_\_

**Laboratory:**  None  Hemacue  CBC  UA  PT, PTT  BMP7  Glucose  HGB, HCT  WBC  CMP  CREAT

BUN  HCG  T&Screen  T&C \_\_\_\_\_ units  Autologous \_\_\_\_\_ units

CXR  EKG with Interp.  Other: \_\_\_\_\_

TED Hose  PREP: \_\_\_\_\_

**Date of Procedure** \_\_\_ / \_\_\_ / \_\_\_

**OP PERMIT FOR:** \_\_\_\_\_

**Risks for Permit:** \_\_\_\_\_

**Pre-op Medications:** \_\_\_\_\_

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

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SEE PRE-PRINTED DISCHARGE INSTRUCTIONS/ORDERS

POST-OP DIAGNOSIS:  Unchanged \_\_\_\_\_

SURGEON: \_\_\_\_\_ ASSISTANT(S): \_\_\_\_\_

PROCEDURE PERFORMED if different from preop: \_\_\_\_\_

SPECIMENS: \_\_\_\_\_

FINDINGS: \_\_\_\_\_

\_\_\_\_\_ - EBL: \_\_\_\_\_

COMPLICATIONS:  NONE: \_\_\_\_\_

\_\_\_\_\_ DISCHARGE CONDITION  STABLE

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_