



Patient Name (Last, First, MI)		Age	Sex	Social Security No.	
Patient Address					
Birthdate	Date of Surgery	Surgeon		Home Phone	Business Phone
Procedure					

**History & Physical History**

Scheduled Procedure \_\_\_\_\_

History of Present Illness \_\_\_\_\_

---

Past Medical & Surgical History \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Physical Examination**

Pulse \_\_\_\_\_ B/P \_\_\_\_\_ W \_\_\_\_\_ eight \_\_\_\_\_ Height \_\_\_\_\_

General \_\_\_\_\_

Head and Neck \_\_\_\_\_

Heart and Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Rectal/Pelvic \_\_\_\_\_

Extremities \_\_\_\_\_

Other Findings \_\_\_\_\_

Diagnosis/Impression \_\_\_\_\_

**Cleared for Planned Surgery: YES or NO**

**Physicians Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Day of Surgery**  **No changes from above findings (all preop tests now reviewed and completed)**

**The following changes are noted** \_\_\_\_\_

**► Surgeon's signature** \_\_\_\_\_ **Date** \_\_\_\_\_