

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

Indication for Surgery \_\_\_\_\_

Existing Conditions \_\_\_\_\_

Past Surgery ☐ None ☐ Other \_\_\_\_\_

Past Anesthetic Complications ☐ None ☐ Nausea +/- Vomiting  
Other \_\_\_\_\_

Allergies ☐ None ☐ Other \_\_\_\_\_

Medications \_\_\_\_\_

## Physical Examination

Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Mental Status ☐ Normal ☐ Other \_\_\_\_\_

ENT ☐ Normal ☐ Other \_\_\_\_\_

Heart and Lungs ☐ Normal ☐ Other \_\_\_\_\_

Abdomen ☐ Normal ☐ Other \_\_\_\_\_

Rectal/Pelvic ☐ Deferred ☐ Other \_\_\_\_\_

Extremities ☐ NA ☐ Other \_\_\_\_\_

Neurological ☐ NA ☐ Other \_\_\_\_\_

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

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

PREOP ORDERS \_\_\_\_\_

Cleared for Planned Surgery YES or NO

Physician Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOS \_\_\_\_\_ No changes from above findings.

DOS \_\_\_\_\_ The following changes are noted: \_\_\_\_\_

► Surgeon's Signature \_\_\_\_\_ Date \_\_\_\_\_



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