

Primary Care Physician Preoperative History and Physical

Patient:		Date of Birth:		
Scheduled Surgery:		Date of Surgery:		
Primary Care Physician:		Telephone No.:		
Date:	Chief Complaint:			
History of Present Illness:				
Past Medical History: (major medical illnesses, past surgeries, medications, allergies, blood disease, previous problems with anesthesia/sedation)				
Social History:				
Family History:				
Review of Systems:				
Physical Exam: (To include: mental status, airway assessment, heart/lung auscultation findings, general nutritional status, vital signs, skin, HEENT, chest/lungs, breasts, heart, abdomen, external genitalia, rectal, pelvic, extremities, neurological)				
Pertinent Test Results:				
Assessment/Diagnosis:				
Treatment Plans & Goals:				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Patient Cleared for Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>				Patient Cleared for Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Cleared for Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No				
_____	_____	_____		
Physician Signature	Date	Time		
Note: (Update is required at time of admission for any History and Physical done prior to patient arrival at the hospital. This section may also be used at the end of the stay as an update for patient transfer to another facility.)				
Addendum to this history and physical:				
<input type="checkbox"/> No change OR <input type="checkbox"/> Additions as stated here:				

_____	_____			
Physician Signature	Date			