Hartford Hospital
A Hartford HealthCare Partner

West Hartford Surgery Center

6812

HISTORY & PHYSICAL

Date of Exam: _____ Date of Surgery: _____

Chief Complaint: _____

_____

_____

Pre Operative Diagnosis:_____

Allergies: _____

ASSESSMENT:			**COMMENTS:**
CV	❑ WNL	❑ N/A	_____
Chest / Lungs	❑ WNL	❑ N/A	_____
GI	❑ WNL	❑ N/A	_____
GU	❑ WNL	❑ N/A	_____
CNS	❑ WNL	❑ N/A	_____

Additional significant findings:

_____

_____

_____

Previous reaction to Anesthesia: ❑ No ❑ Yes _____

Surgical Consent Signed: ❑ Yes

Signed: _____M.D. Date:_____ Time:_____

Physician Name (print): _____

❒ I have examined the patient and there is no change since the History and Physical; therefore, no additional information is required.
* Any updated information must be documented on the History and Physical reassessment form.

_____ _____ _____
Signature Date Time