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