



6812

Hartford Hospital Eye Surgery Center

Medical History & Physical

Patient Name: _____ **DOB:** _____

Date of Exam: _____ **Date of Surgery:** _____

Pre-operative Diagnosis: _____

Proposed Surgery: _____

Allergies: None List: _____

Current Medications:

Assessment:

Cardiovascular WNL Hypertension History of MI Coronary Artery Disease
 CHF Pacemaker/AICD
 Heart Surgery _____
 Arrhythmia _____
 Other/Findings _____

Respiratory WNL Sleep Apnea Asthma COPD
 Other/Findings _____

CNS WNL Seizure disorder Dementia History of Stroke
 Other/Findings _____

Endocrine WNL Diabetes Hypothyroidism
 Other/Findings _____

Gastrointestinal WNL Other/Findings _____

Musculoskeletal WNL Arthritis Weakness

Other/Findings _____

Renal WNL Other/Findings _____

Additional Significant Findings:

MD Signature _____ Date: _____ Time: _____

MD Print Name _____