

**Pre-Operative History & Physical
Main Campus**

H&P must be completed within 30 days of Surgery Date ***Fill in ALL blanks***
Please fax *completed form and fax cover sheet* to Day Surgery (414) 266-3378 and (414) 266-5677
 If questions, contact Day Surgery HUC (414) 337-8007

Patient Name: _____ Date of Surgery: _____
 Date of Birth: _____ Age: _____ Gender: Male Female
 Chief complaint (Reason for surgery): _____
 HPI: _____

MEDICAL & SURGICAL HISTORY:

ALLERGIES:

REVIEW OF SYSTEMS:

MEDICATIONS:

PHYSICAL EXAM:

FAMILY HISTORY:

	<u>Normal</u>	<u>Positive findings</u>
General:	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	_____
Heart:	<input type="checkbox"/>	_____
Lungs:	<input type="checkbox"/>	_____
Abdomen:	<input type="checkbox"/>	_____
Extremities:	<input type="checkbox"/>	_____
Neuro:	<input type="checkbox"/>	_____
Skin:	<input type="checkbox"/>	_____

SOCIAL HISTORY:

ASSESSMENT AND PLAN: _____
 Cleared for Surgery Not cleared for Surgery

Height: _____ Weight: _____ Temp: _____
 HR: _____ Resp: _____ BP: _____ Pox: _____
 Diagnostic testing: _____

 Provider Signature Date Time

 Print Provider Name

