

**Pre-Operative History & Physical
Surgicenter**

H&P must be completed within 30 days of Surgery Date ***Fill in ALL blanks***
Please fax *completed form* and *fax cover sheet* to SurgiCenter (414) 328-5790 and (414) 266-5677
 If questions, contact Surgicenter Pre-Admission Coordinator (414) 328-5788

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

