

## Pre-Operative History & Physical Surgicenter

\*\*\*H&P must be completed within **30 days** of OR date\*\*\* \*\*\*Fill in **ALL** blanks\*\*\*
Please **fax** *completed form* and *fax cover sheet* to Surgicenter **(414) 328-5790**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):	<u>:</u>		
HPI:			
MEDICAL & SURGICAL HISTORY:	ALLERG	BIES:	
REVIEW OF SYSTEMS:	MEDICA	TIONS:	
Conorali	FAMILY itive findings	HISTORY:	
HEENT:	SOCIAL	HISTORY:	
Neuro:		eared for Surgery	urgery
Height:         Weight:           HR:         Resp:         BP:	Pr	rovider Signature Date	Time
Diagnostic testing:	Pr	rint Provider Name	



C8043N (06/20)