

STONY POINT SURGERY CENTER

HISTORY AND PHYSICAL

Name: _____
Age: _____
Surgeon: _____
Surgery: _____
Anesthesia: _____

Chief Complaint: _____

Medications: _____

PAST MEDICAL HISTORY

Hypertension yes no
Hyperlipidemia yes no
CAD yes no
Past MI yes no
CABG/PTCA yes no
Stents** yes no
CHF yes no
Pacemaker yes no
AICD yes no
Atrial Fibrillation yes no
Valve Dz (Ao, Mv, ___) yes no
Carotid Dz yes no
PVDz yes no
Stroke yes no
COPD yes no
Asthma yes no
Smoker (___ ppd) yes no
Obesity (BMI ___) yes no
Sleep Apnea yes no
CPAP yes no
Depression yes no
Seizures yes no
Dementia yes no
Chronic Pain yes no
Implants/Prosthesis yes no
Diabetes yes no
Insulin yes no
Hypothyroid yes no
Reflux yes no
Renal Insufficiency yes no
Anemia yes no
Cancer (_____) yes no
ETOH/Drug Use yes no
Pregnant - currently yes no
Coumadin *yes no

Allergies: _____

HX Latex Reaction Yes No

HX Anesthesia Problem Yes No

HX Surgeries: _____

Height _____ Weight _____

BP _____

Oriented x 3: Yes No

HEENT Normal [] _____

Heart Normal [] _____

Lungs Normal [] _____

Abd Normal [] NA []

Neuro Normal [] NA []

*If yes, need INR within 30 days (or more recently if dose change) INR _____ Date _____.

**American Heart Association/American College of Cardiologists Guidelines recommend no elective surgery for 6 weeks after placement of bare-metal stents and for 12 months after drug-eluting stents. Any elective surgery within these timeframes must have cardiology approval.

Other Conditions/Assessment: _____

Date of Exam: _____ Date of Surgery: _____

Physician Signature: _____

Review Date/Signature: _____

FAX TO: (804) 545-1632

All H&P's must be completed within 30 days of the surgery.