STONY POINT SURGERY CENTER

HISTORY AND PHYSICAL

Name: _____

Age: _____

Surgeon: _____

Surgery: _____

Anesthesia: _____

Allergies: _____

_____

Chief Complaint: _____

_____

Medications: _____

_____

_____

_____

_____

_____

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 ❑

_____

❑ Refer to Anesthesia record for Physical by MD

PAST MEDICAL HISTORY

Hypertension	yes	no
Hyperlipidemia	yes	no
Past MI / Angina	yes	no
CABG/Stents/Pacemaker	yes	no
Arrhythmias	yes	no
CHF symptoms	yes	no
MVP/Valve Dz	yes	no
Carotid or PVDz	yes	no
Stroke	yes	no
COPD/Smoker	yes	no
Asthma	yes	no
URI/Cough	yes	no
Sleep Apnea	yes	no
Anxiety/Depression	yes	no
CNS Disorder/Seizures	yes	no
MS/Parkinson/Memory Loss	yes	no
Neuropathy/Chronic Pain	yes	no
Arthritis	yes	no
Implants/Prosthesis	yes	no
Diabetes	yes	no
Other Endocrine	yes	no
Reflux	yes	no
Kidney Problem	yes	no
Blood Disorder	yes	no
Cancer	yes	no
ETOH/Drug Use	yes	no
Pregnant	yes	no
Coumadin	*yes	no

*If yes, need results of INR within last 30 days or more recently if changing regimen of Coumadin _____.

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.