

**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	yes	no
PTCA	yes	no
Stents (Date placed _____) *	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
Sleep Apnea	yes	no
CPAP	yes	no
Depression/Anxiety	yes	no
Seizures	yes	no
Dementia	yes	no
Chronic Pain	yes	no
Diabetes	yes	no
Insulin	yes	no
Hypothyroid	yes	no
Reflux	yes	no
Renal Insufficiency	yes	no
Coumadin	**yes	no
Pradaxa/Xarelto/ Eliquis/Savaysa	***yes	no

Allergies & Reactions: _____

HX Latex Reaction Yes No
 HX Anesthesia Problem Yes No
 HX Surgeries: _____

Height _____ Weight _____ BMI _____
 BP _____ Heart Rate _____ ********

Oriented x 3: Yes No
 HEENT Normal _____

Heart Normal _____

Lungs Normal _____

Abd Normal NA

Neuro Normal NA

*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.

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

***For patients receiving a nerve block, prescribing physician must approve holding Pradaxa/Xarelto/Eliquis/Savaysa for 24 hours prior to surgery.

****45 or greater require evaluation by SPSC Anesthesia prior to day of surgery.

Other Conditions/Assessment: _____

Date of Exam: _____ Date of Surgery: _____

Physician Signature: _____ Printed Name: _____

Review Date/Signature: _____

FAX TO: (804) 545-0313

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

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