

Pre-operative Health History and Physical Exam

Patient Name: _____ Birth date: _____

Age: _____ Sex: M____ F_____

Date of H&P exam: _____ Date of admission for surgery: _____

Current medications: _____

Operative Procedure: _____

Past Medical History: _____

Childhood Illnesses: _____

Allergies: _____

Surgeries: _____

Family History: _____

Social History: _____

Review of Systems:

Height: _____ Weight: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Please check box if within normal limits.

_____ Neurological

_____ Head

_____ Neck

_____ Heart

_____ Lungs

_____ Abdomen

_____ Musculoskeletal

_____ Skin

Please describe any conditions that fall outside of normal limits:

Is the patient's health satisfactory for general anesthetic? Yes _____ No _____

Physician's Signature: _____ Date: _____

**PLEASE FAX TO: Dr. Stuart Hersey
253/841-6331**