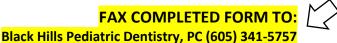
Take to Doctor's appointment prior to surgery



SHORT FORM HISTORY & PHYSICAL

Printed Name

(May be used if H&P not dictated) Patient Name _Weight_____ Height Chief complaint / History of present illness_____ Past medical history Past surgical history_____ History of Tonsils & Adenoids or Strep Throat ______ Quick Test □ No □ Yes Bleeding disorders □ No □ Yes Family History of Malignant Hypothermia ☐ No ☐ Yes (relation) Drug and food allergies____ Anasarca / Edema in last 30 days □ No □ Yes _____ Current medications **Review of systems** Respiratory Vascular / Heart Ortho / Neuro EENT_____ Endocrine Physical examination (specific to the procedure to be performed) Mental status Lungs___ Heart Murmur: □Yes □No Innocent: □Yes □No □ Referred to: HEENT_ Neck / Lymph____ Musculoskeletal Neurological_ Other findings _____ Lab tests attached \square No \square Yes Diagnostic test results Pre-op clearance? ☐ No ☐ Yes (based on full physical and cardiopulmonary assessment, history, and review , this patient has been deemed suitable for general anesthesia.) Physician Signature _____ Date__

PLEASE HAVE MD, PA, or NP SIGN OFF