BASIC HISTORY AND PHYSICAL

Date ________________________

(Guideline for H & P and the minimum that the hospital requires)

Name ________________________________________________________________

Preoperative Diagnosis/Present Illness ______________________________________

Significant Past Medical History

Allergies __________________________________________________________________

Current Medications __________________________________________________________________

Physical Examination: __________________________________________________________________

Other doctors that see patient: __________________________________________________________________

HEENT:

Neck/Lymphatics:

Breasts:

Lungs:

Cardiac:

Abdomen:

Back/Extremities:

Neurologic:

Emotional Stability:

Pertinent Lab work ordered ______________________________________________________

Contraindications _____________________________________________________________

Special Instructions __________________________________________________________

Physician Signature __________________________________________________________