

**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 \_\_\_\_\_