

FAX COMPLETED FORM TO 513-564-8650

HISTORY & PHYSICAL AND REQUIRED DIAGNOSTIC TESTS MUST BE COMPLETED WITHIN 30 DAYS OF SURGERY (EXCEPT AS NOTED BELOW)

12 Lead EKG: All MAC and General Anesthesia patients within the last 6 months, with a diagnosis of: CAD, arrhythmia, CHF, CRF, arterial vascular disease, pulmonary disease (except asthma), Diabetes.

Please Note: Labs cannot be drawn at surgery center day of surgery

PT/INR: All patients on Warfarin, must have documented INR of 1.1 or less within 48 hours of surgery if on Warfarin in the last 30 days.

Potassium: Must be drawn STAT day of surgery if on Dialysis or diagnosis of Renal Failure (not insufficiency or working transplant).

PATIENT NAME _____ MALE FEMALE

DOB _____ AGE _____

DATE OF SURGERY _____ TYPE OF ANESTHESIA _____

PROCEDURE _____

SURGEON _____

Allergies	Reaction	Medication	Dose	Frequency

Medical History / Conditions	Past Surgical Procedures	Month/Year

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History & Physical Cont'd. - Physical Examination

PATIENT'S NAME _____

HEIGHT _____ FT _____ IN WEIGHT _____ lbs.

TEMP _____ PULSE _____ B/P _____ RESP _____ PULSE OX _____

Physical Exam

HEENT	WNL	ABNL
Heart	WNL	ABNL
Lungs	WNL	ABNL
Abdomen	WNL	ABNL
Extremities	WNL	ABNL
Mouth	WNL	ABNL

Review of Systems / Pertinent Findings:

Impressions:

Additional Work-up Required: (i.e. – cardiac, pulmonary, endocrine consult)

Approved for Planned Procedure / Anesthesia Yes No

Signature _____ Date _____ Time _____