



Name: _____ Date of Scheduled Surgery _____
 Age _____ Ht _____ Wt _____ BP _____ HR _____ Temp _____ Resp _____
 Allergy: _____
 Medication: _____

PRESENT and PAST HISTORY:

Chief Complaint: _____

Medical and Surgical History: _____

Family History: _____

Social History: _____

REVIEW of SYSTEMS:

Cardiovascular: _____

Respiratory: _____

Nervous System: _____

Other: _____

RELEVANT PHYSICAL EXAMINATION:

	Normal	Abnormal	As Follows
General	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mental Status: Alert/Orientated _____ Other _____ Specify: _____

Other _____

IMPRESSION/PRE-OP DIAGNOSIS: _____

TREATMENT PLAN/PROPOSED OPERATION: _____

SURGEON OFFICE USE ONLY

Pre-Op Diag: _____ Signature: _____ Date _____ Time _____
 Planned Surg: _____ Printed Name _____
 Signature: _____

*Fax H&P to Same Day Surgery at 217-347-1589
 1 Day - History and Physical*

H&P Update _____ No Changes _____

Signature _____ Date _____ Time _____

