

COLUMBIA Hospital

Day Surgery H & P (Short Form)

0913440 3/94

NAME _____ DATE _____ AGE _____ SEX _____

PRE OP DX _____ PROPOSED SURGERY _____

PRESENT HISTORY (INDICATIONS FOR SURGERY) _____

RELEVANT PAST HISTORY (INCLUDE RX RENDERED FOR PRESENT CONDITION): NON CONTRIBUTORY

RELEVANT FAMILY HISTORY: NON CONTRIBUTORY

ALLERGIES _____ NONE

CURRENT MEDICATIONS _____ NONE

BLOOD PRESSURE _____ PULSE _____ HEIGHT _____ WEIGHT _____

PHYSICAL EXAMINATION	(ABNORMAL FINDINGS)	NORMAL
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GENERAL APPEARANCE _____		<input type="checkbox"/>
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NEURO _____		<input type="checkbox"/>
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EENT _____		<input type="checkbox"/>
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NECK _____		<input type="checkbox"/>
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HEART _____		<input type="checkbox"/>
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LUNGS _____		<input type="checkbox"/>
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ABDOMEN _____		<input type="checkbox"/>
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GENITAL/RECTAL _____		<input type="checkbox"/>
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EXTREMITIES _____		<input type="checkbox"/>
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OTHER _____		<input type="checkbox"/>
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PERTINENT LAB OR TEST RESULTS _____

_____ BLEEDING TENDENCIES: YES NO

NOTES: _____

PHYSICIANS SIGNATURE _____ DATE _____ TIME _____

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