

# KAROL A. GUTOWSKI, MD, FACS

AESTHETIC SURGERY

CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY

MEMBER AMERICAN SOCIETY OF PLASTIC SURGEONS

## Updated PreOp History & Physical

Name \_\_\_\_\_ Age \_\_\_\_\_

Today's Date \_\_\_\_\_ Surgery Date \_\_\_\_\_

Procedure: \_\_\_\_\_

### UPDATED MEDICAL INFORMATION

Allergies  See original Consultation Document  Latex

#### Medications

See original Consultation Document

#### Past Medical History

See original Consultation Document

#### Past Surgical History (list any past procedures & operations, including complications)

Implant, pacemaker, defibrillator, or implantable medical device

See original Consultation Document

#### Social History

Do you smoke or use tobacco? No Yes Date stopped \_\_\_\_\_

See original Consultation Document

#### Bleeding or Blood Clotting Disorders

See original Consultation Document Last Aspirin or anticoagulation medication \_\_\_\_\_

Need for pharmacologic VTE prophylaxis \_\_\_\_\_

#### Review of Systems

See original Consultation Document

#### Physical Exam

HR	BP	RR	TEMP	HT	WT	lb
HEENT/OP						
CARD						
LUNG						
BREAST						
ABD						
EXT						

#### Labs & Studies

None  Reviewed and WNL  Abnormal \_\_\_\_\_

#### Impression:

#### Recommendations:

Signature \_\_\_\_\_

Date \_\_\_\_\_