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 anticlotting 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 ________________