

PATIENT LABEL

HISTORY AND PHYSICAL

CHIEF COMPLAINT: _____

PRESENT ILLNESS: _____

PAST HISTORY INCLUDING SURGERIES: _____

COMPLICATIONS FROM PREVIOUS SURGERIES/ANESTHESIA: NONE / : _____

POTENTIAL RISKS/COMPLICATIONS OF PROCEDURES REVIEWED WITH PATIENT: YES NO

SOCIAL HISTORY: NON-CONTRIBUTORY DRUGS: _____

ALCOHOL: WINE / BEER / LIQUOR : DRINKS PER WEEK: _____

TOBACCO: SMOKING: PACK YEARS: _____ CHEWING/DIP

REVIEW OF SYSTEMS

EENT: WNL / _____

CARDIO: WNL / _____

RESP: WNL / _____

GI: WNL / _____

GU: WNL / _____

LMP: N/A / _____

NEURO: WNL / _____

EXTREMITIES: WNL / _____

IMPRESSION: _____

PHYSICAL EXAM

EENT: WNL / _____

CARDIO: WNL / _____

RESP: WNL / _____

GI: WNL / _____

GU: WNL / _____

EXTREMITIES: WNL / _____

DICATED IN FACILITY DICATION SYSTEM

PHYSICIAN SIGNATURE: _____ **DATE:** / / **TIME:** _____

POST OPERATIVE NOTE

POST OPERATIVE DIAGNOSIS: _____

PROGRESS / OPERATIVE NOTE: _____

DISCHARGE SUMMARY / PLANNING / MEDICATION: _____

DISCHARGE NOTE

FINAL DIAGNOSIS: _____

INSTRUCTIONS FOR DISCHARGE AND FOLLOW UP

DIET: _____

MEDICATIONS: _____

ACTIVITY: _____

FOLLOW-UP: _____

PHYSICIAN SIGNATURE: _____ **DATE:** / / **TIME:** _____