



SURGERY History and Physical Exam/ ANESTHESIA Pre-Op Assessment

Date of Surgery	Age	Gender
Proposed Operation		
Present Illness/Diagnosis/Chief Complaint		
Indication for Surgery/Specialized Findings per Surgeon's Note ___ or per Patient ___		
PMH	Neg	Positive
CV		
Pulm		
GI/Reflux		
Neuro		
Endocrine		
Renal/GU		
Transfusions		Were you transfused or pregnant in the last 3 months? Y <input type="checkbox"/> N <input type="checkbox"/>
OB/Gyn		LMP _____ Age of Menarche _____ Gravida _____ Para _____
PAP Smear Date _____ Results: If not within three years, does patient wish a referral to a gynecologist? Yes ___ No ___		Mammogram Date _____ Results: If not according to guidelines, does patient wish a referral? Yes ___ No ___
Exercise Tolerance		
Allergies		
Other		



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Medications (including non-prescription and herbal preparations)				
Family History Including Anesthesia				
SOCIAL HX	Neg	Positive		
Alcohol Use				
Other Drug Use				
Smoking History				
Living with: Alone ___ Family (specify):			Other (specify):	
Referral to Social Worker? Yes ___ No ___ Further details in Additional Information section? Yes ___ No ___				
PRIOR SURGICAL HISTORY	Date	Operations	Anesthetic	Complications
PEDIATRIC SPECIFIC HISTORY		History Informant	Feedings & Food Intolerance	
Birth History		Hx Childhood Disease		
Vaccination Hx				



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PHYSICAL EXAMINATION		
	Normal	Positive Findings
HEENT		
Lungs		
Heart		
Abdomen		
Rectal		
Neurological		
Breasts		
Pelvic		
GU		
Airway/Dental		
Other		
Vital Signs: BP: _____ Temp: _____ P: _____ RR: _____ Ht: _____ Wt: _____		
LABORATORY FINDINGS (if done)		
	Date	Findings
H/H / Plats		
SMA8s		
Chest X-Ray		
EKG		
Stress Test		
Echo		



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NPO/ Pre-Op Instructions Given

Other _____

ADDITIONAL INFORMATION

1. Anesthesia staffing explained and accepted Request: _____

2. Anesthesia alternative/benefits/risks/ monitoring discussed and questions answered
Patient preference _____

3. Beta blocker: Continue DOS 3 Day Prescription Atenolol 25 mg daily given
Consider Intraop Contraindications: _____

4. DVT Risk: Low Mod High

5. Incentive Spirometer/Instruction given

6. Aspiration Risk: Low High

SIGNATURES

NP, PA, Surgery Attending or Resident ID#	Anesthesia Attending or Resident ID# (required for ASA 3 and 4)
Print Name	Print Name
Date Time	Date Time



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Anesthetic Discussion and Plan: ASA _____ NPO Status _____ Anesthetic alternatives, treatment, and risk were discussed with the patient.	Patient or Parent Preference																
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%; border: 1px solid black;">Local</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">General</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Epidural</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Spinal</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Block</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Caudal</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">PCA</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">Other</td><td style="border: 1px solid black;"></td></tr> </table>	Local		General		Epidural		Spinal		Block		Caudal		PCA		Other	
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REASSESSMENT & UPDATE (FOR USE IF H & P IS >7 DAYS AND <30 DAYS PRIOR TO SURGERY)

PART A. SURGICAL ASSESSMENT / REASSESSMENT NOTE:

The History and Physical examination dated _____ is current and appropriate.

Interval Changes (if any):

The specified procedure is indicated at this time.

or

Contraindications to procedure and/or anesthesia (if any):

PART B. SURGICAL UPDATE NOTE:

Patient's Current Status is unchanged.

Change in Current Status (if any):

NOTE: BOTH PART A & PART B ARE REQUIRED TO BE COMPLETED.

Date	Time	Signature	ID#
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