



33333



unitedregional

SURGICAL HISTORY & PHYSICAL

rev 03/09 hp.jsn

CHIEF COMPLAINT/PRESENT ILLNESS	POST ANESTHESIA PLAN		
	Recover in PACU		
	Recover per protocol in this area		
	POST PROCEDURE REPORT		
	Surgeon(s)		
Non Contributory Past History	Assistant(s)		
Allergies:	Pre OP Dx		
Medications: <input type="checkbox"/> See Medication Reconciliation Sheet	Post OP Dx		
Illnesses:	Procedure		
Surgeries:	Findings		
Bleeding Tendencies:	Anesthesia		
Smoking History	Specimen(s)		
Family History			
Review of System	Blood loss/Replacements		
HEENT			
Cardiovascular/Resp	Drains etc		
GI			
MS/Neuro	Complications		
GU			
Physical Exam			
HEENT			
Chest			
	Physician Signature	Date	Time
Cardiac			
Abd.	DISCHARGE INSTRUCTIONS		
	Appt.		
MS/Neuro	Rx		
GU	Diet		
Other	Activity		
IMPRESSION/PLAN			
Physician Signature	Date	Time	Physician Signature
			Date
			Time

Risk and alternatives have been explained to the patient and informed consent is obtained.

- The patient's medical status HAS NOT changed since prior H&P/Attachments.
- The patient's medical status HAS changed since prior H&P see attached updates.

Examining Physician Signature

Date

Time