Phn:

Name:
Address:
City Prov:
Home: ( ) - Work: ( ) -
Gender: DOB:
Phn:
Physician Name:
Family Doctor:

Physician History and Physical

Surgery

- ○ GNCH ○ LCH ○ MCH ○ Other
- ○ SCH ○ RAH ○ UAH

History

Chief complaint / Proposed surgery

Past Illness and operations

Cardiac ☐ None
- ☐ Hypertension
- ☐ MI
- ☐ Angina
- ☐ CHF
- ☐ Cardiac Arrhythmias

Respiratory ☐ None
- ☐ Asthma
- ☐ COPD

Endocrine ☐ None
- ☐ Diabetes
  - ☐ Diet Controlled
  - ☐ Oral Hypoglycemics
  - ☐ Insulin controlled
- ☐ Thyroid

GI / GU ☐ None
- ☐ Peptic ulcer
- ☐ Renal Failure
- ☐ Malabsorption disorder
- ☐ GERD

Medications ☐ None

Allergies ☐ None

HT _________ **Wt** _________ **BP** _________

Pertinent Physical Examination

Neck and Head ☐ No significant abnormality

Heart ☐ No significant abnormality

Lungs ☐ No significant abnormality

Abdomen ☐ No significant abnormality

Musculoskeletal ☐ No significant abnormality

Pelvic / GU ☐ No significant abnormality

L.M.P.

General Condition and Diagnosis

Date Completed ____________________

By ● Family Physician ○ Surgeon

Date Reviewed by Surgeon __________________

Physician: ________________________________

Signature: ________________________________