



Patient: _____
Date of Surgery: _____

HISTORY AND PHYSICAL
Surgeries

Chief Complaint: _____
Planned Procedure: _____

History: _____

Operations: _____

Medical Problem: _____

- Hypertension Diabetes Cardiac Thyroid Smoker Alcohol Drugs Nutritional Deficiency

Allergies: _____

Other: _____

Medications: _____

Physical:

General _____
HEENT _____
Chest _____
Lungs _____
Heart _____
Abdomen _____
Extrem. _____
Neuro _____
Pelvic _____
Genitalia _____
Rectal _____

Teeth: WNL: _____ Dentures: _____ Capped: _____ Loose: _____ Other: _____

Date of Examination: _____

Physician's Signature: _____ Physician Printed Name _____



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