

MRN:
Patient Name:

**HISTORY & PHYSICAL
SHORT FORM / PROCEDURE**

Unapproved Abbreviations - Do Not Use: U or IU, Trailing Zeros (1.0) or Leading Zeros (.1), Ms or MsO4, MgSO4, DA or Dop, DB, or Dob, QD or QOD, SNP

(Patient Label)

DATE: _____ TIME: _____ PROCEDURE: _____
 DIAGNOSIS / INDICATION: _____
 ALLERGIES: _____

- INFORMED CONSENT OBTAINED INCLUDING RISKS BENEFITS AND ALTERNATIVES
- INFORMED CONSENT OBTAINED FOR SEDATION INCLUDING RISKS BENEFITS AND/OR ALTERNATIVES
- INFORMED CONSENT OBTAINED FOR BLOOD TRANSFUSIONS INCLUDING RISKS BENEFITS AND/OR ALTERNATIVES

CHIEF COMPLAINT: _____

HISTORY OF PRESENT ILLNESS: _____

CURRENT MEDICATION: _____

PAST MEDICAL HISTORY: _____

FAMILY HISTORY: _____

SOCIAL HISTORY: _____

HISTORY OF BLEEDING: YES NO

PAST SURGICAL HISTORY: _____

REVIEW OF SYSTEMS - PLEASE COMMENT ON ANY ABNORMALITY

EYES <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL	GU <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL
ENT <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL	GYN <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL
CARDIAC <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL	MUSCULOSKELETAL <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL
RESPIRATORY <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL	SKIN <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL
GI <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL	NEURO <input type="checkbox"/> WNL <input type="checkbox"/> ABNORMAL

PHYSICAL EXAM

*VITAL SIGNS: BP _____ / _____ T _____ P _____ R _____

NORMAL EXAM APPLICABLE FINDINGS

- GENERAL* _____
- HEENT* _____
- HEART*† _____
- LUNGS*† _____
- ABDOMEN* _____
- EXTREMITIES _____
- GENITALIA _____
- NEURO _____

AIRWAY ASSESSMENT †:

YES NO

- ^ Unable to visualize uvula
- ^ C-spine precautions or unable to flex / extend neck
- ^ Sleep apnea confirmed by sleep study or on CPAP at home

ASA CLASSIFICATION †:

- CLASS I A normal, healthy patient.
- CLASS II A patient with mild systemic disease.
- CLASS III A patient with severe systemic disease that limits activity but is not incapacitating.
- CLASS IV A patient with an incapacitating systemic disease that is a constant threat to life.
- CLASS V A moribund patient who is agonal, not expected to live 24 hours, with or without operation; always considered an emergency (E).

Follow each CLASS with a (E) to denote emergency operation.

* **REQUIRED PHYSICAL EXAM ELEMENTS FOR H&P**

† **REQUIRED EXAM ELEMENTS FOR ALL SEDATION WITHOUT AN ANESTHESIOLOGIST PRESENT**

^ **DENOTES EXTRA CAUTION REQUIRED**

I have reviewed the history and physical and have determined this Patient to be an appropriate candidate to undergo the planned procedure with sedation and analgesia.

MD Signature _____ ID # _____ Date _____ Time _____