PREOPERATIVE HISTORY & PHYSICAL

This pre-anesthetic HISTORY & PHYSICAL is to be completed by the patient's physician as close to the date of the scheduled procedure as possible. Patient should bring a copy on the day of procedure.

Patient' Name: _____DOB: ___/___/___Date of Treatment: ___/___/___

Physician:_____ Physician Phone:_____

Past History	NONE	YES	If YES, PLEASE EXPLAIN
Allergies	❑	❑	_____
Asthma	❑	❑	_____
Pulmonary Disease	❑	❑	_____
Diabetes	❑	❑	_____
Heart Murmur	❑	❑	_____
Heart Disease	❑	❑	_____
Other Conditions	❑	❑	_____
Previous Surgery	❑	❑	_____
Anesthesia Complications	❑	❑	_____

Other relevant PAST, FAMILY, BEHAVIORAL and SOCIAL HISTORY (including psychosocial needs, if any):_____

_____

CURRENT Medications:_____

_____

Physical EXAM:

BP:____/_____ Pulse:_____ Resp. Rate:_____ Temp:_____ Height:_____ Weight:_____

General Appearance: ❑ Normal

	Normal	Abnormal Findings/Hx		Normal	Abnormal Findings/Hx
Skin	❑	_____	Cardiac	❑	_____
Head	❑	_____	Chest	❑	_____
Neuro	❑	_____	Lungs	❑	_____
Eyes	❑	_____	Abdominal	❑	_____
ENT	❑	_____	Back	❑	_____
Neck	❑	_____	Extremeties	❑	_____

Other Exam Findings:_____

_____

Recommendations prior to surgery:_____

_____

❑ Patient is cleared for General Endotracheal Anesthesia

❑ Patient should NOT undergo General Endotracheal Anesthesia

Physician Name (please print)_____

Physician Signature _____Date:_____

TIVACARE ANESTHESIA