PRE-OPERATIVE		ST	Name:	Name: LAST NAME FIRST NAME		
HISTORY & PHYSICAL EXAM		JOSEP	H'S Male □ Fe	emale 🗆		
		HEALTH CENTR	J #			
To be completed by the FAMILY PHYSICIAN .				Address:		
Unless otherwise indicated, please fax document				Telephone:		
to () PAGE 1 of 1						
HISTORY OF PRESE	NT ILLNESS:					
PHYSICAL EXAMINA Height:		BMI:				
			Findings:			
ALLERGIES						
Allergy		Reaction	Allergy		Reaction	
MEDICATIONS (attac	h a list for additional	modioationa)				
Medication	Dose & Frequency		Dose & Frequency	Anti	coagulants	
	1 7			ASA 325	□ Yes □ No	
				Plavix		
				Coumadin Other:	🗆 Yes 🛛 No	
				Other.		
PAST MEDICAL HISTO Heart Disease:						
High Blood Pressure:						
Pulmonary Disease:	Sleen Annea	I CPAP Machine?				
Smoking History:						
Renal/ Hepatic/ GI Dis	ease:					
Endocrine Disease:						
Endocrine Disease:						
Neurologic Disorder:						
Personal or Family His	story of Malignant Hy	perthermia:				
Other:						
	PAST SURGICAL HISTORY (Please list all previous surgical procedure(s))					
PAST SURGICAL HIS	STORY (Please list a	Il previous surgical proce			Date of Procedure	
PAST SURGICAL HIS	STORY (Please list a	Il previous surgical proce				

Physicians Name	Physicians Signature	Date