

Proposed Surgery or Procedure Date _____

HISTORY

Chief Complaint and Present Illness: _____

ALLERGIES: _____

Current Medications/Dosages: _____

Pertinent Past History: _____

Prior Hospitalizations: _____

Review of Systems: _____

PHYSICAL EXAMINATION

Date: _____ Vital Signs: BP _____ P _____ T _____ R _____

General: _____

Mental Status: _____

HEENT: _____

Neck _____

Chest & Lungs: _____

Breast: _____

Heart: _____

Abdomen/Genitalia & Rectal: _____

Neuromuscular: _____

Impression: _____

Treatment Plan: _____

Physician Signature _____

PROCEDURE

Pre-operative Diagnosis: _____ Date/Time of Procedure(s): _____

Procedure(s): _____

Type of anesthesia: _____ Estimated blood loss: _____

Complications: _____

DISMISSAL NOTE

Clinical Course: _____

Final Diagnosis: _____

Condition at Discharge: _____

Discharged to: _____ Diet: _____ Activity: _____

Medications: 1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

Wound Care: _____ Follow-up Plan: _____

Physician Signature _____



SHORT STAY (48 hours) RECORD

White Copy to Chart
Yellow Copy to Physician



1297

