

Crescent View Surgery Center

Patient Name: _____

PHYSICIAN'S HISTORY & PHYSICAL

Admitting Diagnosis: _____

History	Present Illness:	_____
	PMH	_____
	Meds:	<input type="checkbox"/> See Attached
Physical Exam	Allergies: (Drugs & Biologicals)	<input type="checkbox"/> NKA to Drugs and Biologicals
	Heart:	_____
	Lungs:	_____
	HEENT:	_____
	Abdomen:	_____
	Extremities:	_____
	Other:	_____

DVT Risk Assessed
 The patient is cleared for surgery in an ambulatory setting.

Physician Signature: _____ Date: _____ Time: _____

If the H&P is not performed on the date of surgery, the following applies:
The H&P reviewed and patient examined on the date of surgery. No changes noted or The following changes were noted:

Physician Signature: _____ Date: _____ Time: _____

POST OPERATIVE FINDINGS or See attached Operative Report

Operation _____

Specimen Sent to Lab Yes No

Progress Notes: Stable to PACU

Instructions: Given to Patient Written Verbal

Final Diagnosis: _____

Physician Signature: _____ Date: _____ Time: _____