



Physician History and Physical

Surgery

- GNCH LCH MCH
 SCH RAH UAH Other

History

Chief complaint / Proposed surgery	Ht _____ Wt _____ BP _____
Cataract surgery	Pertinent Physical Examination
Past illness and operations	
Cardiac <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> MI <input type="checkbox"/> Angina <input type="checkbox"/> CHF <input type="checkbox"/> Cardiac Arrhythmias	Neck and Head <input type="checkbox"/> No significant abnormality
Respiratory <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> COPD	Heart <input type="checkbox"/> No significant abnormality
Endocrine <input type="checkbox"/> None <input type="checkbox"/> Diabetes <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral Hypoglycemics <input type="checkbox"/> Insulin controlled <input type="checkbox"/> Thyroid	Lungs <input type="checkbox"/> No significant abnormality
GI / GU <input type="checkbox"/> None <input type="checkbox"/> Peptic ulcer <input type="checkbox"/> Renal failure <input type="checkbox"/> Malabsorption disorder <input type="checkbox"/> GERD	Abdomen <input type="checkbox"/> No significant abnormality
Medications <input type="checkbox"/> None	Musculoskeletal <input type="checkbox"/> No significant abnormality
Allergies <input type="checkbox"/> None	Pelvic / GU <input type="checkbox"/> No significant abnormality
	L.M.P.
	General condition and diagnosis

Date Completed _____

Physician (*print name*) _____

by Family Physician Surgeon

Physician (*signature*) _____

Date Reviewed by Surgeon _____