

Name of Patient	Physician	DOB	History #
-----------------	-----------	-----	-----------

History:
 _____ yr/old _____ (M-F) in _____ general health, with a

pre-operative diagnosis of _____

for _____

Name of operation(s)

Indications for Procedure/Surgery _____

Allergies _____ Bleeding Tendency _____

Medications _____ Previous Surgery/Illness _____

Gynecology Patients: Gravida _____ Para _____ LMP _____

Physical Examination: BP _____ Temp _____ Pulse _____ Resp. _____

Pertinent Regional Examination: _____

Spine and Extremity Examination: _____

HEENT: _____ **Heart:** _____ **Lungs:** _____

Breast: Exam performed within 1 year Referred to primary care physician Findings: _____

Pelvic: Exam performed within 1 year Referred to primary care physician Findings: _____

Rectal: Exam performed within 1 year Referred to primary care physician Findings: _____

Pertinent X-ray Findings: _____

Additional Review of Systems (Required only upon Inpatient Admission):

General Appearance: _____ Genitalia: _____

Skin: _____ Extremities: _____

Abdomen: _____ Central Nervous System: _____

Additional Comments: _____

- Patient Re-examined
- No Relevant Changes
- Change(s) Documented

Date: _____ Time: _____

Signature: _____

Physician's Signature _____ Date _____

Sparrow
Lansing, MI



NS884