Name:
Address:
City Prov:
Home: ( ) - Work: ( ) -
Gender: DOB:
Phn:
Physician Name:
Family Doctor:

Ph: ( ) - **Fax:** ( ) -

Physician History and Physical

Surgery

◯ GNCH ◯ LCH ◯ MCH ◯ Other
◯ SCH ◯ RAH ◯ UAH

History

Chief complaint / Proposed surgery

Past illness and operations

Cardiac ☐ None
- ☐ Hypertension
- ☐ MI
- ☐ Angina
- ☐ CHF
- ☐ Cardiac Arrhythmias

Respiratory ☐ None
- ☐ Asthma
- ☐ COPD

Endocrine ☐ None
- ☐ Diabetes
  - ☐ Diet Controlled
  - ☐ Oral Hypoglycemics
  - ☐ Insulin controlled
- ☐ Thyroid

GI / GU ☐ None
- ☐ Peptic ulcer
- ☐ Renal Failure
- ☐ Malabsorption disorder
- ☐ GERD

Medications ☐ None

Allergies ☐ None

HT ________ **Wt** ________ **BP** ________

Pertinent Physical Examination

Neck and Head ☐ No significant abnormality

Heart ☐ No significant abnormality

Lungs ☐ No significant abnormality

Abdomen ☐ No significant abnormality

Musculoskeletal ☐ No significant abnormality

Pelvic / GU ☐ No significant abnormality

L.M.P.

General Condition and Diagnosis

Date Completed ____________

By ◯ Family Physician ◯ Surgeon

Date Reviewed by Surgeon ____________

Physician: ____________

Signature: ____________