History and Physical Examination

Allegheny General Hospital
Pittsburgh, Pennsylvania

ALLEGHENY GENERAL HOSPITAL
WEST PENN ALLEGHENY HEALTH SYSTEM

IMPRINT PATIENT'S PLATE HERE

Date _____ Procedure Date _____

Surgeon/Attending Physician: _____ PCP: _____

Proposed Procedure: _____ Pre-op Diagnosis: _____

Allergies / Adverse Reactions ❑ NKDA / Allergies _____

CC / HPI _____

Condition / Medications *(List medications, including dosage, pain medication / herbal / over-the-counter / diet pills)*

Condition	Medication	Condition	Medication	Condition	Medication

Family History _____

Past Surgical History _____

Past Medical History / Review of Systems

HEENT ❑ None
❑ Recent URI
❑ Sinus Problems
❑ Nasal Obstruction
❑ Environmental Allergies
❑ Dysphagia
❑ Hearing Loss: ❑ Acute ❑ Chronic
❑ Hearing Aids
❑ Blind: ❑ Right ❑ Left
❑ Cataract
❑ Implants
❑ Glaucoma
❑ Dentures
❑ Other _____

Pulmonary ❑ None
❑ Asthma: ❑ Acute ❑ Chronic
❑ Hospitalized ❑ Steroid Use
❑ Recent Wheezing ❑ PO Inhaler
❑ COPD: ❑ Acute ❑ Chronic
❑ Cough: ❑ Acute ❑ Chronic
❑ O_2 at Home
❑ Sleep Apnea
❑ DOE / SOB
❑ Other _____

Cardiovascular ❑ None
❑ MI: Site:_____Date _____
❑ Arrhythmia: Type _____
❑ Hypertension
❑ Pacemaker ❑ AICD
❑ Angina: ❑ Stable ❑ Unstable
❑ CHF: Date_____EF _____%
❑ Valve disease _____
❑ Moderate ❑ Rheumatic Fever
❑ Peripheral Vascular Disease
❑ Claudication
❑ Edema
❑ Syncope
❑ Carotid Bruit: ❑ Right ❑ Left
❑ Deep Vein Thrombus
❑ Deep Vein Thrombophlebitis
❑ Pulmonary Embolus
❑ IVC Filter Date _____
❑ Angioplasty/Stent Date _____
❑ Echo: Date _____
❑ Stress Test/Cardiac Cath
Date _____
❑ CABG Date _____
❑ MVR Date _____
❑ Palpitations
❑ Other _____

Activity Level
❑ Bedridden
❑ Assistance with Self-care
❑ <1 Flight of Stairs
❑ 1 to 2 Flights of Stairs
❑ >2 Flights of Stairs
❑ Able to lie flat
❑ Exercise _____

Gastrointestinal ❑ None
❑ GERD / Hiatal Hernia
❑ Bowel Obstruction
❑ Ulcers Site: _____ ❑ Bleeding
❑ Upper GI Bleed: ❑ Acute ❑ Chronic
❑ Lower GI Bleed: ❑ Acute ❑ Chronic
❑ Hepatitis Type (circle) A B C D
❑ Cirrhosis: ❑ Acute ❑ Chronic
❑ Ascites
❑ Other _____

Genitourinary ❑ None
❑ UTI
❑ Prostate Enlargement ❑ Obstruction
❑ Hematuria
❑ Voiding Dysfunction
❑ Other _____

Renal ❑ None
❑ Renal Insufficiency: ❑ Acute ❑ Chronic
❑ Dialysis: ❑ Hemo ❑ Peritoneal
❑ CKD Stage 1 2 3 4 5 6
❑ AV Fistula Location _____
❑ Calculi Site _____
❑ Other _____

Endocrine ❑ None
❑ Diabetes ❑ Type I ❑ Type II
❑ Thyroid
❑ Steroid Usage Date _____
❑ Obesity
❑ Adrenal Insufficiency
❑ Polycystic Ovary Syndrome
❑ Dyslipidemia
❑ Other _____

Hematology / Oncology ❑ None
❑ Sickle Cell Disease ❑ Trait
❑ Coagulopathy: ❑ Chronic
❑ Due to Meds ❑ Type _____
❑ Anemia: ❑ Chronic ❑ Acute
❑ Past Transfusion
❑ Refuses Transfusion
❑ Tumor _____
❑ Chemo / Rad Therapy
❑ Other _____

Musculoskeletal ❑ None
❑ Arthritis Site _____
❑ Fractures (recent) Site _____
❑ Back/Neck Problems
❑ Eczema, Psoriasis
❑ Collagen Vascular Disease
❑ Scoliosis
❑ Other _____

Infections ❑ None
❑ SBE Prophylaxis
❑ HIV: ❑ Sepsis ❑ URI
❑ VRE
❑ MRSA: Contact / Resp
❑ Other _____

Neurologic ❑ None
❑ Seizure or ❑ Epilepsy
❑ Normal Pressure Hydrocephalus
❑ Spinal Cord Injury
❑ CVA ❑ TIA
❑ Embolus ❑ Thrombosis
❑ Cerebral Palsy
❑ Mental Retardation
❑ Chronic Pain _____
❑ Neuropathy / Paresthesia
❑ Myopathy / Muscular Dystrophy
❑ Other _____

Obstetrics/Gyn ❑ None ❑ N/A
❑ Pre-eclampsia / Eclampsia
❑ Placenta Previa / Abruption
❑ LMP _____ Hcg ❑ Neg ❑ Pos
❑ Gravida _____ ❑ Para _____
❑ Breast Abnormality
❑ Other _____

Organ Transplant ❑ None
❑ Organ:_____Date: _____
❑ Immunocompromised

Pediatrics ❑ None ❑ N/A
❑ Prematurity
❑ Congenital Abnormality
❑ Apnea
❑ Passive Smoking
❑ Developmental Delays
❑ Birth Weight _____
(children under 8 months)
❑ Other _____

Anesthesia Issues ❑ None
❑ Difficult Airway
❑ By Exam ❑ By History
❑ TMJ problems
❑ Snoring
❑ Hoarseness
❑ Stridor / Croup
❑ Malignant Hyperthermia
❑ Family History
❑ Prolonged Emergence
❑ Post-op Nausea / Vomiting

Social History ❑ None
❑ Smoking Hx ❑ Current ___ppd x ___yrs
If quit, month / year _____
❑ Chewing Tobacco Hx
If quit, month / year _____
❑ ETOH ❑ Abuse ❑ Dependence
❑ Continuous ❑ Episodic
❑ Remission
❑ Drug Type _____
❑ Abuse ❑ Dependence
❑ Continuous ❑ Episodic
❑ Remission
❑ IV Last used _____
❑ Other _____

Information taken by: _____

Date: _____

Patient Name _____ Date _____

Physical Examination

General Appearance: _____

Height:_____Weight:_____BP:_____Heart Rate:_____Resp. Rate:_____Temp.:_____SaO_2: ____

Head & Neck: _____

_____

Lungs: _____

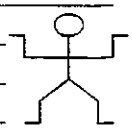
Heart: _____

_____

Abdomen: _____

Extremities: _____

Neurologic / Spine: _____



_____

_____

Other Pertinent Exam _____

Impressions _____

_____

Current Medical Treatment Plan

Condition	Treatment

Examiner: _____ **Signature:** _____ **Date & Time:** _____

See dictated H&P dated _____(≤30 days before admission) by Dr. _____ and complete section below.

Update Assessment: Date:_____Time:_____ The patient was assessed ❑ No change in patient status

❑ Change in patient status (specify): _____

_____

_____ **Signature** _____

Labs/Tests ❑ **Normal Laboratory Values**

•Hgb/Hct/PLT _____ Date _____ •Na+/Cl _____ Date _____ •BUN/CREAT _____ Date _____

•PT/PTT/INR _____ Date _____ •K/Glucose _____ Date _____ •CXR _____ Date _____

•EKG_____Date_____•Other _____ Date _____

Pre-Anesthetic Evaluation Department of Anesthesiology

Anesthesia Issues _____

Last Oral Intake: Solid_____Liquid_____ Anesthesia Sequelae ❑ None ❑ Patient ❑ Family

•Airway/Dental _____

•Chest _____ •Heart _____

•Neuro/Back _____ •Other _____

Anesthetic Options, Risks and Benefits Discussed/Plan _____

_____

Planned Post-op Care ❑ PACU ❑ ICU ❑ ACC / ASU ❑ Other _____

ASA PS 1 2 3 4 5 6 E NPO _____

Examiner: _____ **Signature:** _____ **Date & Time:** _____