



A N 2 C 0 1 3

SURGERY History and Physical Exam/ ANESTHESIA Pre-Op Assessment

Date of Surgery		Age	Gender
Proposed Operation			
Present Illness/Diagnosis/Chief Complaint			
Indication for Surgery/Specialized Findings per Surgeon's Note ___ or per Patient ___			
PMH	Neg	Positive	
CV			
Pulm			
GI/Reflux			
Neuro			
Endocrine			
Renal/GU			
Transfusions		Were you transfused or pregnant in the last 3 months? Y <input type="checkbox"/> N <input type="checkbox"/>	
OB/Gyn		LMP _____ Age of Menarche _____ Gravida _____ Para _____	
PAP Smear Date _____ Results:		Mammogram Date _____ Results:	
If not within three years, does patient wish a referral to a gynecologist? Yes ___ No ___		If not according to guidelines, does patient wish a referral? Yes ___ No ___	
Exercise Tolerance			
Allergies			
Other			



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Medications (including non-prescription and herbal preparations)

Family History Including Anesthesia

SOCIAL HX	Neg	Positive
Alcohol Use		
Other Drug Use		
Smoking History		

Living with: Alone ___ Family (specify): _____ Other (specify): _____

Referral to Social Worker? Yes ___ No ___ Further details in Additional Information section? Yes ___ No ___

PRIOR SURGICAL HISTORY	Date	Operations	Anesthetic	Complications

PEDIATRIC SPECIFIC HISTORY	History Informant	Feedings & Food Intolerance
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Birth History	Hx Childhood Disease
Vaccination Hx	



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PHYSICAL EXAMINATION		
	Normal	Positive Findings
HEENT		
Lungs		
Heart		
Abdomen		
Rectal		
Neurological		
Breasts		
Pelvic		
GU		
Airway/Dental		
Other		
Vital Signs: BP: _____ Temp: _____ P: _____ RR: _____ Ht: _____ Wt: _____		
LABORATORY FINDINGS (if done)		
	Date	Findings
H/H / Plats		
SMA8s		
Chest X-Ray		
EKG		
Stress Test		
Echo		



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NPO/ Pre-Op Instructions Given

Other

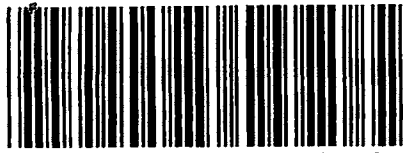
ADDITIONAL INFORMATION

- 1. Anesthesia staffing explained and accepted Request: _____
- 2. Anesthesia alternative/benefits/risks/ monitoring discussed and questions answered
Patient preference _____
- 3. Beta blocker: Continue DOS 3 Day Prescription Atenolol 25 mg daily given
Consider Intraop Contraindications: _____
- 4. DVT Risk: -Low Mod High
- 5. Incentive Spirometer/Instruction given
- 6. Aspiration Risk: Low High

SIGNATURES

NP, PA, Surgery Attending or Resident/ ID# _____ _____ _____	Anesthesia Attending or Resident ID# (required for ASA 3 and 4) _____ _____ _____
Print Name _____	Print Name _____
Date _____ Time _____	Date _____ Time _____

AN2C013 (05/10)



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Anesthetic Discussion and Plan: ASA _____ NPO Status _____

Patient or Parent Preference

Local	
General	
Epidural	
Spinal	
Block	
Caudal	
PCA	
Other	

Anesthetic alternatives, treatment, and risk were discussed with the patient.

Date	Time	Anesthesia Attending Signature	ID#
Print Name			

REASSESSMENT & UPDATE (FOR USE IF H & P IS >7 DAYS AND <30 DAYS PRIOR TO SURGERY)

PART A. SURGICAL ASSESSMENT / REASSESSMENT NOTE:

The History and Physical examination dated _____ is current and appropriate.

Interval Changes (if any):

The specified procedure is indicated at this time.

or

Contraindications to procedure and/or anesthesia (if any):

PART B. SURGICAL UPDATE NOTE:

Patient's Current Status is unchanged.

Change in Current Status (if any):

NOTE: BOTH PART A & PART B ARE REQUIRED TO BE COMPLETED.

Date	Time	Signature	ID#
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