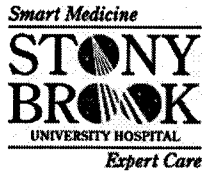


AS2C008



AMBULATORY SURGERY HISTORY AND PHYSICAL EXAMINATION

Date: _____

Time: _____

Name: _____

Age: _____

Chief Complaint: _____

Present Illness: _____

Past Medical History: _____

Previous Operations: _____

Family History: _____

Social History: _____

Medications: _____

Allergies: _____

Family Physician: _____

PHYSICAL EXAMINATION:

Vital Signs: BP: _____; TEMP.: _____; P: _____; RR: _____; Ht: _____; Wt: _____

HEENT: _____

Neck: _____

Chest: _____

Heart: _____

Breasts: _____

Abdomen: _____

Genital / Rectal: _____

Extremities / Skin: _____

Neurological: _____

Impression: _____

Signature / I.D.#

Print Name