

Last Name , First Name _____ M.I. _____ Age _____

9 digit PH Med rec no.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

 admission date _____

date of birth _____ SSN: _____

admitting diagnosis _____

procedure(s) planned _____

primary care physician _____

consultants _____

Allergies (medicine, latex, topicals, OTC) - describe

Medications (prescription and OTC) name, route, dose, frequency

Current Medical Problems

Previous Surgery and Hospital Admissions (dates)

| Past Medical History and Review of Systems: (ask and circle if positive, exclude current Medical problems) | | |
|--|------------------|-------------------|
| anemia | pneumonia | DVT |
| pulmonary embolus | heart disease | hypertension |
| diabetes | asthma | arrythmia |
| circulation problems | cancer | bleeding problems |
| transfusions | Jehovah | psychiatric |
| anesthesia problems | wound infections | LMP |
| | | |

| | |
|--|----|
| Family History: relevant birth defects, heart disease, anesthesia, cancer | |
| yes | no |

| Social History / Habits | |
|--------------------------------|--|
| occupation | |
| marital status | |
| children | |
| lives with | |
| lives where | |
| smoking, how much | |
| ETOH | |

| Physical Examination | BP | Pulse |
|-----------------------------|----|-------|
| | | |

| Tests | Result |
|-------------------|--------|
| Laboratory | |
| EKG | |
| CXR | |
| medical clearance | |

NOTES: