Sequoia Surgical Pavilion

HISTORY AND PHYSICAL
PRE-OP ORDERS

NAME	EXAM DATE				SURGERY DATE		
AGE	HT	WT	BMI	TEMP	BP	PULSE	RESP.
CHIEF COMPLAINT/PRESENT ILLNESS							

PAST HISTORY:

	NEGATIVE	POSITIVE
OPERATIONS	☐	☐
TRANSFUSIONS	☐	☐
INJURIES	☐	☐
ILLNESS	☐	☐
ALLERGIES	☐	☐
FAMILY HISTORY/ILLNESS	☐	☐
SMOKER/ALCOHOL USE	☐	☐
MEDICATIONS	☐	☐
SLEEP APNEA	☐	☐
DIABETES	☐	☐
LMP	**DATE:** _____	

IF POSITIVE, PLEASE SPECIFY:

REVIEW OF SYSTEMS:

	NEGATIVE	POSITIVE
CARDIOVASCULAR	☐	☐
RESPIRATORY	☐	☐
CENTRAL NERVOUS	☐	☐
GENITOURNINARY	☐	☐

IF POSITIVE, PLEASE SPECIFY:

PHYSICAL EXAM:

	NEGATIVE	POSITIVE
HEENT	☐	☐
BREAST	☐	☐
PULMONARY	☐	☐
CARDIOVASCULAR	☐	☐
ABDOMINAL	☐	☐
MUSCULOSKELETAL	☐	☐
NEUROLOGIC	☐	☐
PELVIC/GU/RECTAL	☐	☐

☐ DEFERRED - Patient advised to have primary care M.D. exam

IF POSITIVE, PLEASE SPECIFY:

INDICATIONS FOR SURGERY:

OPERATIVE CONSENT TO READ **(Please print legibly):**

PRE-OP ORDERS (IF INDICATED)

LAB PREADMISSION

Lab work to be performed by an **outside lab** 48 hours prior to date of surgery

☐ CBC ☐ K ☐ UA ☐ OTHER

☐ EKG, If patient is ≥ 50 y.o. or has history of hypertension or cardiovascular disease. If patient has had EKG within the past year obtain copy from primary care M.D.

☐ IV _____ Solution _____ Rate/Hour

☐ Cefazolin 1gm IV ☐ In Pre-Op ☐ In OR

Physician Signature _____ Date _____ Time _____

I have fully explained the potential benefits, risks, and complications of the proposed surgical procedure to the patient, as well as the alternative treatments. All questions have been answered. The patient wishes to proceed.

PLEASE FAX TO (925) 933-2409

REV. 3/06