

History and Physical Information

Dear Doctor:

Your patient is scheduled for surgery under general anaesthesia. Would you please complete this History and Physical Examination form, and return it to the KSC. Thank you for your assistance.

PATIENT'S NAME _____ Phone #: _____
 PHN: _____ DOB: _____ Claim #: _____
 ADDRESS: _____
 PROPOSED PROCEDURE: _____

HISTORY

Present Complaint

Past Illnesses:

Operations:

Cardiac:

Respiratory:

Sleep Apnea:

Endocrine, Functional or other problems:

List Medication taken at present or recently:

Has patient ever been on Steroids? If so, when?:

Allergies?:

Physician's Name, Address & Phone Number _____

PHYSICAL EXAMINATION

Height: _____ BMI: _____
 Weight: _____

BP: _____

Head and Neck:

C.V.S.

R.S.

Abdomen:

EKG.: If Medically Indicated

CBC: If Medically Indicated

K+ (if on Diuretics)

(Printed or use office stamp)

Physician's Signature _____ Date _____