



Telephone: (250) 314-0076  
Fax: (250) 314-1196

Patient Label

# History and Physical Information

Dear Doctor:

Your patient is scheduled for surgery. 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 \_\_\_\_\_

(Printed or use office stamp)

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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)