Preoperative History and Physical Examination

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Please provide a preoperative history and physical examination, including all underlying medical conditions, medications, and any recommendations for perioperative medical management. This form can be faxed to our office at (212) 996-2703, or emailed to preop@parkavenueent.com. Please also give a copy to the family to bring on the day of surgery. Thank you!

Patient Name:_____ Date of Birth:_____ ☐M ☐F

Date of examination: Scheduled surgery:
Review of systems: ☐All WNL? If not, check box and/or discuss under PMH below, or on attached document. ☐Cons ☐CV ☐Resp ☐GI ☐Neuro ☐Derm ☐Psych ☐Heme ☐Immun ☐Endo ☐Eye ☐GU ☐MS
Past Medical History:
Past Surgical History:
Known or suspected bleeding disorder?
Family / personal history of anesthesia complications?
Allergies: Soc: FH:
Current medications:
Physical exam: BP HR RR Ht Wt
Head and neck:
Respiratory:
Cardiac:
Abdominal:
Extremities:
Neurologic:
Other:
Labs if indicated:
Assessment and clearance:

_____ _____
Name of examining physician Address

_____ _____
Signature Date Phone number

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