Staple

LenoxHill Hospital

100 East 77th Street, NY, NY 10075-1850
Surgical Cases Fax to **866-219-5545**
210 East 64th Street, NY, NY 10065-7471
Surgical Cases Fax to **866-231-1027**

FORM D
PRESURGICAL - HISTORY & PHYSICAL EXAM FORM

FAX TO: 212 504 9511

DATE OF SURGERY:_____ PATIENT NAME:_____ D.O.B.:_____

PLANNED PROCEDURE:_____

History of Present Illness

_____

Past Medical History	Yes	No		Yes	No		Yes	No		Yes	No
Hypertension	☐	☐	Angina	☐	☐	Liver Disease	☐	☐	Blood clots	☐	☐
Diabetes	☐	☐	Stroke/TIA	☐	☐	Thyroid disease	☐	☐	Bleeding problems	☐	☐
Myocardial Infarction	☐	☐	Lung disease	☐	☐	Kidney Disease	☐	☐	Blood transfusions	☐	☐

Other/Explanation for Positive History:_____

Past Surgical History

_____

Advanced Directive ☐ Yes ☐ No_____ Health Care Proxy ☐ Yes ☐ No_____

LIST BELOW ALL OF THE PATIENT'S MEDICATIONS PRIOR TO ADMISSION INCLUDING OVER THE COUNTER AND HERBAL MEDICATIONS.

Medication Name	Dose (mg, mcg)	Route (PO, GT, SC, IV)	Frequency

*If more space is required continue on progress note

Review of Systems	Neg	Positive (*Check if positive*)
Constitutional	☐	☐ Anorexia ☐ Fatigue ☐ Fever ☐ Weight loss
Cardiovascular	☐	☐ Angina ☐ DOE ☐ Orthopnea ☐ Edema ☐ Palpitations ☐ Syncope
Respiratory	☐	☐ Cough ☐ Dyspnea ☐ Pleuritic chest pain ☐ Other_____
Gastrointestinal	☐	☐ Stomatitis ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Dysphagia
Genitourinary	☐	☐ Dysuria ☐ Frequency ☐ Incontinence ☐ Hematuria ☐ Impotence
Neurologic	☐	☐ Paresthesia ☐ Dysesthesia ☐ Headache ☐ Seizure
Skin	☐	☐ Rash ☐ Ulcers ☐ Other_____
Hemorrhage	☐	☐ Easy bruising ☐ Epistaxis ☐ Hemoptysis ☐ Hematochezia ☐ Melena
Endocrine	☐	☐ Polyuria ☐ Polydipsia ☐ Heat/Cold Intolerance
Psychiatric	☐	☐ Depression ☐ Hallucinations ☐ Sexual dysfunction
Musculoskeletal	☐	☐ Joint pain ☐ Back pain
Eyes/Ears	☐	☐ Decreased hearing ☐ Decreased vision
☐ Other		

Allergies_____

History of anesthesia reaction: ☐ Y ☐ N

Family History_____

Social History

Tobacco_____

Alcohol_____

Drugs_____

Other_____

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Patient Name:_____ DOB:_____ MR #:_____ Acct #:_____

OB/GYN History (Not Applicable ☐):

Age of menarche_____ Date of LMP_____ Age of Menopause_____ Gravida_____ Para_____

Miscarriage(s)_____ Abortion(s)_____ Age at First Pregnancy_____ Age at Last Pregnancy _____

Use of Oral Contraceptives: ☐ Yes ☐ No Age began oral contraceptives_____ Duration_____

Mammogram ☐ Yes ☐ No _____ PAP Smear ☐ Yes ☐ No _____

PHYSICAL EXAMINATION

Height:	Weight:	BP:	P:	T:	R:	Pain (0-10):	BMI:

	NL	ABNL	Explanation
General	☐	☐	
Skin	☐	☐	
Neck	☐	☐	
HEENT	☐	☐	
Cardio	☐	☐	
Chest/Lung	☐	☐	
Abdominal	☐	☐	
Ext	☐	☐	
Neurologic	☐	☐	
Nodes	☐	☐	
Breasts	☐	☐	
Deferred ☐	☐	☐	
Rectal/Genital/Pelvic	☐	☐	
Deferred ☐	☐	☐	
Other (Specify)			

Significant Labs/X-rays/Exam Diagram

Labs	NL	ABNL
CBC	☐	☐
CHEM	☐	☐
PT/PTT	☐	☐
UA	☐	☐
Other	☐	☐
CXR	☐	☐
EKG	☐	☐
Other	☐	☐

(i.e. Stress test, Labs, Endoscopy, Etc.)

Pacemaker ☐ ☐
Defibrillator ☐ ☐

DIAGNOSIS _____

No medical contraindications to proposed surgery ☐ Yes ☐ No_____

Examining Provider_____ Lic. #_____ Address_____ Phone_____ Fax_____

MD Stamp

MD Signature: _____ Date: _____

SURGEON ASSESSMENT / PLANNED PROCEDURE

_____

_____

FOR AMBULATORY/SDA SURGICAL/INVASIVE PROCEDURES (to be completed day of procedure):

The patient has been examined and the History and Physical has been reviewed. There are no significant changes in the patient's condition condition unless noted below.

_____

Signature:MD/DO (NP, House Physician, or Resident for podiatry or dental cases)

Print Name:_____ MD/DO/NP Time/Date:_____

For Podiatry and Dental patients only: I have reviewed the H&P including the update.

Signature:_____ MD/DO/NP Time/Date:_____

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PRE-OPERATIVE TESTING - PHYSICIAN GUIDELINES

The following list does not preclude request for tests if deemed appropriate by the surgeon. Provided there is no change in the patients condition that warrants repeat testing, diagnostic tests are valid as follows:

Chest X-rays are acceptable for up to 12 months EKG results for up to 60 days	Laboratory results up to 30 days except Pregnancy Test Type and Crossmatch up to 3 days	If transfusion or pregnancy within 3 months, Type and Crossmatch valid for 72 hours

PRETESTING ORDERS (The appropriate items will necessitate the ordering of tests that appear in the parentheses.)

Condition

- Cardiovascular Disease or High Risk for CV Disease (Hgb, Na, K, Cl, CO2, Bun/Creat, EKG, Chest X-Ray)
- Pulmonary disease (CBC, Chest X-Ray, EKG)
- Malignancy - (CBC, Platelet Count, PT/PTT, Na, K, Cl, CO2, Bun/Creat, LFT, EKG, Chest X-Ray)
- Bleeding Disorder (Hgb, Platelet Count, PT/PTT)
- Smoking > 20 pack years (Hgb, Chest X-ray, EKG)
- Cardiac Surgery/Interventional/Vascular Surgery (CBC, EKG, SMA2O, CPK, PT/PTT, Type & Crossmatch, Magnesium, Fibrinogen, Chest X-ray, PA Lateral)
- Diabetes (Chem-7, EKG)
- Renal Disease (Hgb, Na, K, Cl, CO2, Bun/Creat, EKG)
- Hepatobiliary Disease (PT/PTT, Chem-7, Liver Function)

Medication Use

- Diuretic use (CBC, Na, K, Cl, CO2, Bun/Creat, EKG)
- Digoxin use (CBC, Na, K, Cl, CO2, Bun/Creat, EKG)
- Steroid use (CBC, Chem-7)
- Anticoagulants (Hgb, Platelet count, PT/PTT)

Other

- Urinalysis/Urine Culture and Screen
- Type & Screen
- Chest X-ray, PA & lateral
- Expected blood loss of 2 or more units (Hgb,Type and crossmatch)
- Male > 45 yr. Or Female > 50 yr. (EKG)
- If LMP < or = to 1 year (Pregnancy Test)
- Thyroid Function test
- Tumor Markers

If stress test positive then Echo and/or Cath. Lab report (attach results)

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