

HISTORY AND PHYSICAL

Name: _____
 Date of Birth: _____ Age: _____
 Surgeon: _____
 Surgery: _____
 Anesthesia: _____

Chief Complaint: _____

Medications: _____

PAST MEDICAL HISTORY

Hypertension	yes	no
Hyperlipidemia	yes	no
CAD	yes	no
Past MI	yes	no
CABG	yes	no
PTCA	yes	no
Stents (Date placed _____) *yes		no
CHF	yes	no
Pacemaker	yes	no
AICD	yes	no
Atrial Fibrillation	yes	no
Valve Dz (Ao, Mv, ___)	yes	no
___ Mild ___ Mod ___ Sev		
Carotid Dz	yes	no
PVDz	yes	no
Stroke (Date _____)	yes	no
COPD	yes	no
Asthma	yes	no
Smoker (___ ppd)	yes	no
Sleep Apnea	yes	no
CPAP	yes	no
Depression/Anxiety	yes	no
Seizures	yes	no
Dementia	yes	no
Chronic Pain	yes	no
Diabetes	yes	no
Insulin	yes	no
Hypothyroid	yes	no
Reflux	yes	no
Renal Insufficiency	yes	no
Coumadin	**yes	no
Pradaxa/Xarelto/	***yes	no
Eliquis/Savaysa/Plavix		
COVID-19 Vaccination Dates	_____	_____

Allergies & Reactions: _____

HX Anesthesia Problem Yes No
 HX Surgeries: _____

Height _____ Weight _____ BMI _____ #

BP _____ Heart Rate _____

Oriented x 3: Yes No

HEENT Normal _____

Heart Normal _____

Lungs Normal _____

Abd Normal NA

Neuro Normal NA

*Based on AHA/ACC guidelines, **all cardiac stents less than 6 months** are NOT candidates for elective OP surgery at MEDARVA.

**If yes, need INR within 30 days (or more recently if dose change) INR _____ Date _____.

***For patients receiving eye block, prescribing physician must approve holding **Pradaxa/Xarelto/Eliquis/Savaysa** for 24 hours prior to surgery - AND - **Plavix** must be held for 7 days prior to a peripheral nerve block. BMI # 45 or greater require evaluation by MEDARVA Anesthesia prior to day of surgery.

Other Conditions/Assessment: _____

Date of Exam: _____ Date of Surgery: _____

Physician Signature: _____ Printed Name: _____