

Preoperative History and Physical Examination

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Please provide a basic but complete history and physical examination, including any recommendations for perioperative medical management.

Please fax to Dr. Rothschild's office at (212) 996-2514, and give a copy to the patient or guardian to bring on the day of surgery. Thank You.

Date:
Chief Complaint:
Scheduled Surgery:
Perinatal History:
Past Medical History:
Past Surgical History:
Known or Suspected Bleeding Disorder?
Family History of Anesthesia Complications?
Allergies:
Current Medications:
Physical Exam: BP HR RR Ht Wt General appearance:
Head and Neck:
Respiratory:
Cardiac:
Abdominal
Extremities:
Neurologic:
Labs if Indicated:
Assessment and Clearance:

Examining physician:

Address: _____

Signature:

Phone: _____