



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) 253-4022, 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: <input type="checkbox"/> All WNL? If not, check box and/or discuss under PMH below, or on attached document.	
<input type="checkbox"/> Cons <input type="checkbox"/> CV <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> Neuro <input type="checkbox"/> Derm <input type="checkbox"/> Psych <input type="checkbox"/> Heme <input type="checkbox"/> Immun <input type="checkbox"/> Endo <input type="checkbox"/> Eye <input type="checkbox"/> GU <input type="checkbox"/> 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