

MANHATTAN SURGERY CENTER

MR #

History and Physical

Case ID # DOS

Patient Name DOB Age Sex Surgeon

Vitals

BP SaO2 Resp Temp Pulse Height Weight

Chief Complaint and History of Present Illness

Review of Systems Within Normal Limits Heart: _____ Lungs: _____

	Comments		Comments
GENERAL		Skin	
HEENT		Neuro	
CVS		Psych	
Pulm		Endo	
GI		Heme	
GU		Onco	
MS/Spine		OB/GYN	

Current Medications

Allergies NKA

Past History: Medical Surgical

Social History: ETOH Drug Tobacco

Family History: Mother Father

Labs Impression Plan

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History and Physical

Case ID #

DOS

Patient Name

DOB

Age

Sex

Surgeon

Date

Time

Provider Signature _____
(Provider doing Physical)

- See Above H&P
- See Attached H&P

DAY OF SURGERY REVIEW

ASA Level: I II III IV (Local Patients Only)

No change in patient condition

Updated as follows

Prior to the administration of anesthesia, as the primary surgeon, I have identified this patient and reviewed the procedure(s) to be performed. Patient is satisfactory for surgery today.

Date

Time

Physician Signature _____
(Surgeon)