Order Date: _____

When completed, please DICTATE OR FAX ALL PAGES. Please DICTATE to: 952-442-2191 ext 36000
Please FAX to the CORRECT LOCATION:
RMC SDS - Waconia: 952-442-8068 -or- Two Twelve Surgery Center - Chaska: 952-456-7901

Patient Name: _____ DOB: _____ Age: _____ Sex: ___M ___F
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Date of Surgery: _____ Primary Care MD: _____ Phone: _____
Surgical Procedure: _____ Surgeon: _____

HISTORY	Chief complaint/History of present illness:
	Patient has health care directive or living will? [ ] Yes [ ] No

PAST MEDICAL HISTORY	Steroids in last 6 months? [ ] Yes [ ] No	Asprin/Coumadin within 10 days? [ ] Yes [ ] No
1		
2		
3		
4		
5		

PAST SURGICAL HISTORY
1
2
3
4

ANESTHESIA COMPLICATIONS			
	Prolonged Reversal		Hyperthermia

ALLERGIES	
Drug	Reaction
1	
2	
3	
4	
5	
6	

Ridgeview Medical Center

ADULT PRE-SURGICAL HISTORY & PHYSICAL

2HPHW

Order Date: _____

Patient Name (required for faxing): _____ **DOB:** _____

CURRENT MEDICATIONS	Include prescription, over-the-counter & supplements		
Hold oral hypoglycemics AM of surgery. Instruct pt. to hold all doses fast acting insulins. Decrease by ½ intermediate / long acting insulin			
Hold all ACEI/ARB/Diuretics for HTN pts. 24 hrs. preop & day of surgery. ACEI used for heart failure pts. assess case by case			
Medication	Dosage	Indication	Pre-Op Directions

SOCIAL HISTORY		
Smoker: [ ] Yes [ ] No _____Packs per day	Bleeding Tendencies: [ ] Yes [ ] No	Alcohol use:

FAMILY HISTORY	
	Family history of anesthesia complications

REVIEW OF SYSTEMS	Normal	
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Last Menstrual Period		
Other		

TEST RESULTS (date done)	**Include Pending Labs**
HGB	
Urine Pregnancy Test	
K+	

HGB if anemic or >60 yr ***K+*** on diuretics/hypertensive drugs ***CXR*** if clinically indicated ***PT/INR*** if on coumadin ***EKG*** if ≥60 or indicated

Total Joint Replacements: CBC ESR BMETA *PT/INR* UA/UC

Order Date: _____

Patient Name (required for faxing): _____ **DOB:** _____

PHYSICAL EXAM	✓	** *Look for skin infections/abnormalities* **
General Appearance	Normal	
HEENT	Normal	
Heart	Normal	
Lungs/Chest	Normal	
Abdomen	Normal	
Extremities	Normal	
Neurological	Normal	
Breast	Normal	
GU	Normal	
Other	Normal	

Height	Weight	Pulse	BP	Temp
Respirations	Pulse Ox	MRSA	VRE	AIDS	TB

Summary/Comments:

RISK ASSESSMENT

☐ **High** (or indeterminate) risk for death (i.e. Aortic Stenosis, active CHF, MI <6 months, O_2 dependent lung disease)

☐ **Intermediate**
- ☐ Cardiac (presence of 1 or more stable HTN, DM, CAD, AF or CHF)
- ☐ Non-Cardiac (alcohol use, renal, pulmonary, immune suppressed, history DVT/PE, constipation, delirium rish, bleeding

☐ **No additional modifiable risk identified**

RECOMMENDATIONS

☐ Proceed with Surgery

☐ Consult: *(cardiology/other)*

☐ Additional screening recommended: _____

☐ Special orders have been attached to this H&P

☐ Additional test results have been attached to this H&P

☐ Pending Labs

This patient has been examined by me today & has been found to be a suitable candidate for surgery with the exceptions noted above.

Print Name & Title	Signature	Date	Time	Phone