

Belleville Surgical Center History and Physical

Name: _____ Date of Surgery: _____ Date of Birth: _____

Surgical Procedure: _____ Daytime Phone #: _____

Surgeon: _____ Primary Physician/Cardiologist: _____

Do you have any physical limitations? _____ (walker, wheelchair, cane)

Communicates by: Writing Gestures Speech No Preference

Learns best by: Reading Visual Aids Listening No Preference

Do you have a history of any of the following?

- | | |
|---|--|
| ___ Heart Disease/Pacemaker/Defibrillator | ___ Diabetes |
| ___ High Blood Pressure | ___ Gastric/Acid Reflux |
| ___ Communicable Disease | ___ Positive TB test |
| ___ Respiratory Disease
(Asthma, Emphysema, Pneumonia, Inhalers) | ___ Do you smoke(cigar, cigarette, pipe)
How much _____ For how long _____
When did you quit _____ |
| ___ Any other health problems, please list: _____ | |

Height: _____ Weight: _____ Last Menstrual Period: _____

Allergies and Reactions:

Food: _____ Latex/Rubber: _____

Medications: _____

Have you been hospitalized within the past year? If yes, please explain _____

Previous Surgeries _____

Any problems with previous anesthesia? _____ If yes, please explain _____

Did any physician order tests prior to you having this surgery (EKG, labwork)? _____
If so, what tests were ordered and where did you have them done? _____

*****This section to be completed by Surgery Center Employees*****

- | | |
|--|---|
| ___ Arrival time _____ | ___ Verify driver _____ |
| ___ Diet Instructions _____ | ___ Directions to Surgery Center _____ |
| ___ No valuables/jewelry (remove piercings) | ___ Medication instructions given _____ |
| ___ Bath or shower _____ | ___ Bring insurance card and photo ID _____ |
| ___ Pre-op tests results obtained and reviewed | |

Phone Interview by: _____ Date _____

I have reviewed and verified this history. Heart and lungs cleared for surgery. Significant history and physical findings or office notes attached:

Surgeon's Signature: _____ Date: _____

*****This section to be completed by Surgery Center Employees*****

If re-admission is less than 30 days, please complete below:

Date of Surgery: _____

Procedure: _____

Surgeon: _____

Please review information from previous surgery on reverse side:

___ There are no changes in patient's medical history

___ The following changes should be included in patient's medical history _____

Did your surgeon or medical doctor order tests prior to this surgery (EKG, labwork)?
If so, what tests were ordered and where did you have them done?

___ Arrival time _____

___ Diet Instructions _____

___ No valuables/jewelry (remove piercings)

___ Bath or shower

___ Pre-op tests results obtained and reviewed

___ Verify driver

___ Directions to Surgery Center

___ Medication instructions given

___ Bring insurance card and photo ID

Phone Interview by: _____ Date _____

I have reviewed and verified this history. Heart and lungs cleared for surgery. Significant history and physical findings or office notes attached:

Surgeon's Signature: _____ Date: _____