



**HISTORY AND PHYSICAL
PERIOPERATIVE SERVICES**

Patient
Name

Medical Record
Number

Birthdate

Form CHP203 Rev. 04/08

HISTORY AND PHYSICAL

HISTORY

RECENT ILLNESSES (If Applicable)

| AREA | NORMAL | ABNORMAL | EXPLANATION OF ABNORMAL FINDINGS |
|-----------------------------|--------|----------|----------------------------------|
| *Body, Habitus/Size for Age | | | |
| *Head, Neck | | | |
| Eyes | | | |
| Ears, Nose and Throat | | | |
| *Heart | | | |
| *Lungs | | | |
| Abdomen | | | |
| Genitalia/Rectum | | | |
| Extremities | | | |
| Skin | | | |
| Lymphatics | | | |
| *Neurologic | | | |

*Required element. In addition, all abnormal findings must be explained.

ADMITTING DIAGNOSIS:

PLANNED PROCEDURE:

| | | | | | |
|--------------------|-------------|------|--|-------------|------|
| SIGNATURE NP or PA | DATE / / | TIME | SIGNATURE: PHYSICIAN (for original H&P only) | DATE / / | TIME |
|--------------------|-------------|------|--|-------------|------|

HISTORY AND PHYSICAL UPDATE

(Required if completed prior to the day of surgery & < 30 days old. If over 30 days, a new H&P is required.)

History - No change

History - Changes _____

Physical - No change

Physical - Changes _____

| | | | | | |
|--------------------|-------------|------|----------------------|-------------|------|
| SIGNATURE NP or PA | DATE / / | TIME | SIGNATURE: PHYSICIAN | DATE / / | TIME |
|--------------------|-------------|------|----------------------|-------------|------|

LABORATORY (IF APPLICABLE)

| | | | | | |
|-----------|-----------------------|------------------|--|--|--|
| Hgb | PLATELETS | PRE OP LAB TESTS | | | |
| Hct | PT (PATIENT CONTROL) | | | | |
| WBC | PTT (PATIENT CONTROL) | OTHER | | | |
| SIGNATURE | TIME | DATE / / | | | |

