|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MINNETONKA AMBULATORY SURGERY CENTER**  **HISTORY AND PHYSICAL**  **FAX TO 763-581-8951** | | | | |
| Date | Name | | | |
| DOB | BP | P | Height | Weight |

Allergies/Drug or Latex Sensitivities:

Present Medications (to include over the counter meds, herbal supplements and vitamins:

Significant Medical History/Previous Surgery/Hospitalization

Indications for Surgery/Procedures Planned

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Diet Meds/Herbal Vitamins | [ ] YES [ ] NO | | Bleeding [ ] YES Tendencies | | | [ ] NO | [ ] FAMILY HX |
| Aspirin Use | [ ] YES [ ] NO | | MOA Inhibitors [ ] YES | | | [ ] NO | |
| Anesthesia Complications | [ ] YES [ ] NO [ ] FAMILY HX | | Drugs/Alcohol [ ] YES | | | [ ] NO | |
| **LABORATORY** | | | | | | | |
| Hgb | K+ | Other | | EKG | Chest X-Ray | | |
| **PHYSICAL** | | | | | | | |
|  | **WNL** | **ABNL** | | **EXPLANATION** | | | |
| HEENT |  |  | |  | | | |
| Heart |  |  | |  | | | |
| Lungs |  |  | |  | | | |
| Smoker |  |  | | HOW LONG? | | | |
| GI |  |  | |  | | | |
| GU |  |  | |  | | | |
| Back/Extremities |  |  | |  | | | |
| Neuro |  |  | |  | | | |
| Gyn/Breast |  |  | |  | | | |
| Skin |  |  | |  | | | |

PHYSICAL

SIGNATURE PRINT NAME