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| --- |
| **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