SURGERY CENTER

1945 CEI Drive • Cincinnati, Ohio 45242
Phone: (513) 984-5133 • (800) 544-5133
Fax: (513) 984-4494

Report of History & Physical

(To be completed and faxed within 30 days of surgery)

Patient_____ Account #_____ Surgery Date _____
Date of Birth_____ SS#_____ Surgeon_____
Procedure_____ Anesthesia _____

DATE OF HISTORY & PHYSICAL: _____

MEDICAL HISTORY:	Y	N	COMMENTS
CVA			
Carotid Bruit ☐ R ☐ L			
Seizure Disorder			
Neuro/Psych			
Does patient have MRSA, history of MRSA, or other active infection?			
ENT			
Thyroid			
LUNG DISEASE:			
Asthma			
Emphysema/COPD			
Smoker			
CARDIAC DISEASE:			
CHF			
Pacemaker/Defibrillator			
MI within last 3 months			
Old MI			
Arrhythmia			
Heart Murmur			
Hypertension			
Peripheral Vascular Disease			
Liver Disease			
Hiatal Hernia			
Diabetes			
Kidney Disease			
Musculo-Skeletal			
Hematological Disorders			
Other Diseases/Conditions			
Previous Surgery:			
Anesthetic Complications:			

In my opinion, this patient is medically stable at this time and may proceed with the intended surgery and anesthesia in an outpatient setting.

_____
Signature of Examining Physician / Print Name

Date

Address: _____

Phone: _____

PHYSICAL EXAMINATION:

T: _____ BP: _____ P: _____
Height:_____ Weight: _____

	Normal	Abnormal	
HEENT	[ ]	[ ]	_____
Heart	[ ]	[ ]	_____
Lungs	[ ]	[ ]	_____
Abdomen	[ ]	[ ]	_____
Other			_____

ALLERGIES: ☐ None (If needed, list on separate page)

CURRENT MEDICATIONS & DOSAGES: ☐ None

ANTICOAGULANTS:

Regional Anesthesia, Local w/Sedation or General Anesthesia

Coumadin_____days
Plavix _____days
ASA _____days
Ticlid _____days

(PT & INR will be required pre-operatively for Coumadin patients. This will be arranged by CEI.)

Note: It will not be necessary to discontinue any of these medications if the patient is having TOPICAL ANESTHESIA.

EKG: May be required with heart history. **Please see Dear Doctor Letter attached to this H&P**. Please fax with this H&P, if required.

In accordance with the AHA/ACC Guidelines, the CEI Surgeons prefer to postpone their patient's elective surgery for three months after the initial documentation of a MI.

EKG INTERPRETATION: _____