

Ambulatory Surgical or Procedural History & Physical

IMPRINT PATIENT IDENTIFICATION HERE

Chief Complaint _____ Diagnosis _____

History of Present Illness _____

Known Allergies _____

Present Mediations _____

Significant Past Medical and Family History (include previous sedation and anesthesia experience, if appropriate) _____

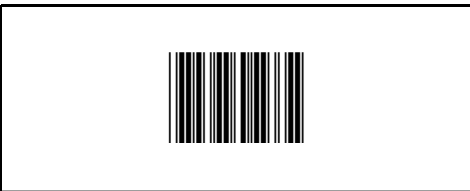
Present Status
Heart & lungs clear <input type="checkbox"/> Normal <input type="checkbox"/> Other _____
Physical symptoms <input type="checkbox"/> Normal <input type="checkbox"/> Other _____
Limited exam of affected body area or organ system <input type="checkbox"/> Normal <input type="checkbox"/> Other _____
Emotional and social status <input type="checkbox"/> Normal <input type="checkbox"/> Other _____

Recommended Treatment _____

Candidate for the following planned anesthesia
<input type="checkbox"/> Local <input type="checkbox"/> MAC <input type="checkbox"/> Bier Block <input type="checkbox"/> Spinal <input type="checkbox"/> Axillary Block <input type="checkbox"/> General Anesthesia
<input type="checkbox"/> IV Conscious Sedation _____ (medication)

Post Procedure Care
<input type="checkbox"/> Stepdown-SDS <input type="checkbox"/> Post-Anesthesia Care <input type="checkbox"/> 3 South <input type="checkbox"/> Other _____

Signature _____ Date ____/____/____ Time ____:____



1HP

HAM-0044

Revised 6-6-2012