



2-Hole 1/4 2 3/4 c-to-c



HISTORY & PHYSICAL

PATIENT LABEL

HISTORY

Diagnosis: _____

Symptoms & Indications for Procedure: _____

Past Medical History: _____

Current Medications: _____

Allergies: (includes past reactions to anesthesia) _____

Anesthesia / Sedation / Analgesia Risk:

(Please check one if giving sedation)

- I Healthy Patient
- II Mild systemic disease - no functional limitation
- III Severe systemic disease - definite functional limitation
- IV Severe systemic disease that is a constant threat to life

PHYSICAL

| SYSTEM | CHECK APPROPRIATE DESCRIPTION | OTHER |
|----------------|---|-------|
| Mental Status | <input type="checkbox"/> Alert & Oriented to person, place & time <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative | |
| Lungs | <input type="checkbox"/> Clear to auscultation Respirations: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular | |
| Cardiovascular | Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Without Murmur <input type="checkbox"/> Murmur | |
| Abdomen | <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender <input type="checkbox"/> Bowel sounds all quadrants <input type="checkbox"/> N/A | |

- Exam Specific to Procedure being done.
- Patient is an appropriate candidate for anesthesia/sedation/analgesia.
- The risks of the procedure and sedation were discussed with the patient and/or family, as well as the potential advantages and alternative courses of treatment. Patient and/or family agree to the procedure and sedation analgesia.

Planned Procedure: _____

Anesthesia Plan: Sedation / Analgesia Topical Regional Local
 General Anesthesia No Anesthesia

Planned Disposition: Home Extended Care Other _____

Physician Signature: _____ Date: _____ Time: _____