

# Preoperative History and Physical Examination

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide a basic but complete history and physical examination, including any recommendations for perioperative medical management.

Please fax to NW Mobile Anesthesia at **866-418-7449** and give a copy to the patient or guardian to bring on the day of surgery.  
Thank You

Date of exam:
Perinatal History:
Past Medical History:
Past Surgical History:
Known or Suspected Bleeding Disorder?
Family History of Anesthesia Complications?
Allergies:
Current Medications:
Physical Exam: BP      HR      RR      Ht      Wt      General appearance:
Head and Neck:
Respiratory:
Cardiac:
Abdominal
Extremities:
Neurologic:
Labs if Indicated:
Is the patient cleared to have general anesthesia in an office-setting? Y or N
Is the patient cleared to have general anesthesia in a hospital setting? Y or N
Comments:

Examining physician: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_