

Ridgedale Surgery Center

14 Ridgedale Avenue, Suite 120, Cedar Knolls, NJ 07927

PLEASE PRINT

Doctor's Name: _____

Patient's Name: _____ Date of Surgery: _____

MEDICAL HISTORY

Brief History of Current Illness: _____

Please circle any of the following which apply to you:

High blood pressure	Angina/chest pain	Heart attack	Pacemaker/Implanted Defibrillator
Valve Prolapse/Prosthesis	Heart Failure/CHF	Irregular heart beat	Diabetes - insulin or oral meds
High Cholesterol	Asthma	Emphysema/COPD	Cough/Shortness of Breath
Chronic Bronchitis	Sleep Apnea	Seizure disorder	Neurologic disorder
Stroke/TIA	Hiatal Hernia/Reflux	Ulcers/Colitis	Kidney Disease
Hepatitis/Liver Disorder	Thyroid disorder	Muscle/Joint disorder	Cancer: _____
Genitourinary/Incontinence	Clotting disorder	Anemia	Other: _____

Please list all previous surgeries:

List any Allergies:

Social History:

Do you smoke? No Yes
Do you drink alcohol? No Yes
if yes, how much? _____

Have you or any blood relatives had any adverse reactions to anesthesia? No Yes

Do you take aspirin or blood thinners: No Yes

If yes, please explain _____

If yes, when was last dose taken? _____

MEDICATIONS: Please list or attach a list: Please complete a separate **Medication History Form** for medications you are taking related to your procedure/body system, with exact dosages. The Medication History Form will be provided by your physician or on the day of your procedure at the surgery center.

PATIENT SIGNATURE: _____ DATE: _____

For office use only	<input type="checkbox"/> Form completed by patient	<input type="checkbox"/> See attached Patient Questionnaire for Medical History	<input type="checkbox"/> See attached H&P for below
	<input type="checkbox"/> Reviewed by Pre-Op RN (signature)		

SURGEON'S ADMISSION NOTE:

PHYSICAL EXAM:

Specific: normal _____
ENT: normal _____
Neck: normal _____
Heart: normal _____
Lungs: normal _____
Abdomen: normal _____
Neuro: normal _____
Mental Status: Alert & oriented x3 Other _____

See Pre-op Nurses Notes for DOS

Height: _____
Weight: _____ lb/kg (circle one)

Vitals signs:

B/P: _____
Pulse: _____
Respirations: _____
Temperature: _____
Language/Commun. Barrier: No Yes
If yes, Type _____
LMP: _____ N/A

Primary Diagnosis: _____

Other Diagnosis: _____

Planned Procedure: _____

I have reviewed the lab studies and found: No labs indicated
 No abnormalities
 Minor abnormalities, which do not clinically affect the surgery or anesthesia planned
 Abnormalities, which will be followed as an outpatient by _____

MD SIGNATURE: _____ DATE: _____

PATIENT HISTORY & PHYSICAL / SURGEON'S ADMISSION NOTE