

**Please Fax to 914-681-2936**

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**PREOPERATIVE**  
**HISTORY AND PHYSICAL**

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

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

Gender:  M  F

**SURGICAL PROCEDURE:** \_\_\_\_\_

**DATE OF SURGERY:** \_\_\_\_\_ **SURGEON:** \_\_\_\_\_

**INDICATION:** \_\_\_\_\_

**PAST MEDICAL HISTORY:** \_\_\_\_\_

**Allergies:**  No  Yes    **Medications:**  No  Yes    **Latex:**  No  Yes    **IV Contrast:**  No  Yes

Describe: \_\_\_\_\_

**Medical Illnesses:** \_\_\_\_\_

**Check if positive and describe:**

**Cardiac Hx:** None  CAD  Describe: \_\_\_\_\_

S/p CABG  (no. vessels \_\_\_\_\_ yr. \_\_\_\_\_ ) S/p percutaneous coronary intervention

(no. stents \_\_\_\_\_ yr. \_\_\_\_\_ ) Type: BMS  DES

Valvular heart disease  Describe: \_\_\_\_\_

Arrhythmia  Describe: \_\_\_\_\_ Cardiomyopathy  Describe: \_\_\_\_\_

Cardiac Testing: Echocardiogram  (yr. \_\_\_\_\_ ) Describe: \_\_\_\_\_

Stress test  yr. \_\_\_\_\_ echo  nuclear  Describe: \_\_\_\_\_

Angiography  yr. \_\_\_\_\_ Describe: \_\_\_\_\_

Pacemaker  No  Yes Company Name: \_\_\_\_\_ Pacemaker Dependent  No  Yes

AICD  No  Yes Company Name: \_\_\_\_\_

**Reproductive History:** LMP \_\_\_\_\_

Menopausal:  No  Yes Date: \_\_\_\_\_ Tubal Ligation:  No  Yes Hysterectomy:  No  Yes

**Operations / Injuries** (List yr.): \_\_\_\_\_

**Medications** (List with dosage/frequency): \_\_\_\_\_

**Anesthetic Complications:**  No  Yes Describe: \_\_\_\_\_

**SUBSTANCE USE:**

**Habits: Tobacco:**  No  Yes Pack / yrs: \_\_\_\_\_  Yr quit: \_\_\_\_\_

**ETOH:**  No  Yes Quantity: \_\_\_\_\_

**Drugs:**  No  Yes Type: \_\_\_\_\_

**IMMUNIZATIONS:**

**Tetanus Booster:**  No  Yes Yr. \_\_\_\_\_

**Pneumovax:**  No  Yes Yr. \_\_\_\_\_

**Influenza:**  No  Yes Yr. \_\_\_\_\_

**Hepatitis B:**  No  Yes Yr. \_\_\_\_\_

**OTHER HEALTH MAINTENANCE:** Colonoscopy yr. \_\_\_\_\_ Pap yr \_\_\_\_\_ Mammo yr \_\_\_\_\_ Bone Den. yr \_\_\_\_\_ PSA yr \_\_\_\_\_

Smoking Cessation Counseling Y/N/NA Dietary Restrictions \_\_\_\_\_ Regular Exercise Y/N \_\_\_\_\_

**FAMILY HX:** \_\_\_\_\_

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**ROS: (Check, if POSITIVE)**

**General:**  clotting abnormality  transfusion  bleeding with surgery  fever  chills  change in weight  
 sweats  fatigue  sleep disturbance  Other \_\_\_\_\_

**Head & Neck:**  HA  tenderness  "swollen glands"  Other \_\_\_\_\_

**Eyes:**  glasses: near  far  sighted  contacts  glaucoma  cataracts  Other \_\_\_\_\_

**Ears:**  hearing loss  tinnitus  Other \_\_\_\_\_

**CV:**  murmur (describe: \_\_\_\_\_ )  chest pain  DOE  orthopnea  PND  palpitations

claudication  endocarditis  arrhythmia (describe: \_\_\_\_\_ )  Other \_\_\_\_\_

**Chest:**  cough  hemoptysis  SOB  wheezing  stridor  pneumonia  Other \_\_\_\_\_

**Breasts:**  discharge  pain  lumps  Other \_\_\_\_\_

**GU:**  UTI  nephrolithiasis  hematuria  dysuria  nocturia  frequency  hesitancy  incontinence  BPH

prostatitis  abnormal vaginal bleeding  fibroids G \_\_\_\_ P \_\_\_\_  Other \_\_\_\_\_

**GI:**  colon polyps  constipation  diarrhea  hemorrhoids  rectal bleeding  melena  Δ in bowel habit

dysphagia  heartburn  diverticulosis  diverticulitis  jaundice  hepatitis  Other \_\_\_\_\_

**MS:**  back problems  weakness  arthritis  gout  Other \_\_\_\_\_

**Neuro:**  numbness  tingling  burning  tremors  LOC  paralysis  memory loss  unsteady gait

**Psychiatric:**  depression  anxiety  obsessive behavior  delusions  hallucinations  abnormal affect

**Endocrine:**  thyroid nodule  polydipsia  polyuria  cold/heat intolerance  Other \_\_\_\_\_

**Skin:**  itching  hives  easy bruisability  rash  describe: \_\_\_\_\_

**PHYSICAL EXAM:**

**V.S.:** BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

**Check if ABNORMAL and describe**

**General Appearance**  Describe: \_\_\_\_\_

**HEENT:** Fundi  TMs  Pharynx  Teeth  (dentures:  No  Yes )

Describe: \_\_\_\_\_

**NECK:** Thyroid  Jugular vein  Carotid  Describe: \_\_\_\_\_

**CHEST:** AP Diameter  Describe: \_\_\_\_\_

**BREASTS:**  Describe: \_\_\_\_\_

**LUNGS:**  Describe: \_\_\_\_\_

**COR:** Rhythm  Heart Sounds  Murmur  Describe: \_\_\_\_\_

**ABDOMEN:** Bowel Sounds  Liver  Spleen  Tenderness  Masses  Hernias

Describe: \_\_\_\_\_

**BACK:**  Describe: \_\_\_\_\_

**GENITALIA:**  Describe: \_\_\_\_\_

**RECTAL:**  Describe: \_\_\_\_\_

**PELVIC:**  Describe: \_\_\_\_\_

**EXTREMITIES:**  Describe: \_\_\_\_\_

**PERIPHERAL PULSES:**  Describe: \_\_\_\_\_

**SKIN:**  Describe: \_\_\_\_\_

**LYMPH NODES:**  Describe: \_\_\_\_\_

**NEURO:** Strength  Sensation  DTRs  Mental Status  Rigidity  Tremor  Describe: \_\_\_\_\_

**EKG:** Normal  Abnormal  Describe: \_\_\_\_\_

**CXR:** Normal  Abnormal  Describe: \_\_\_\_\_

**LAB:** Normal  Abnormal  Describe: \_\_\_\_\_

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**SLEEP APNEA SCREENING**

None  Mild  Moderate  Severe

If using CPAP instruct to bring device to hospital on day of surgery

**High Risk for Sleep Apnea** - 3 or more of the following risk factors

**Snoring** (loud enough to be heard outside the room), **Tired** (frequently tired during the day or falls asleep),  
**Obstruction** - witnessed obstruction of breathing at night, **HTN, Male, BMI > 35, Neck circumference > 17 inch**  
male/16 inch female, **Age > 50**  Yes  No

If high risk, a sleep study or pulmonary consult is recommended

**PATIENT REQUIRES ANTIBIOTIC PROPHYLAXIS FOR ENDOCARDITIS:**

No  Yes Antibiotics: \_\_\_\_\_

**POSTOP PRECAUTION FOR SUBSTANCE WITHDRAWAL:**

Alcohol  Nicotine  Street drug/Narcotic  Name \_\_\_\_\_  Benzodiazepines

**GENERAL RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT IS MEDICALLY OPTIMIZED FOR ANESTHESIA AND SURGERY:**

No  Yes \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Telephone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_