

History and Physical Information

Dear Doctor:

Your patient is scheduled for surgery. Would you please complete this History and Physical Examination form, and return it to the KSC. Thank you for your assistance.

PATIENT'S NAME _____ Phone #: _____
 PHN: _____ DOB: _____ Claim #: _____
 ADDRESS: _____
 PROPOSED PROCEDURE: _____

HISTORY

Present Complaint:

Past Illnesses:

Operations:

Cardiac:

Respiratory:

Sleep Apnea:

Endocrine, Functional or other problems:

List Medication taken at present or recently:

Has patient ever been on Steroids? If so, when?:

Allergies?:

PHYSICAL EXAMINATION

Height: _____ BMI: _____
 Weight: _____

BP: _____

Head and Neck:

C.V.S.

R.S.

Abdomen:

EKG: If Medically Indicated

CBC: If Medically Indicated

K+ (if on Diuretics)

Physician's Name, Address & Phone Number _____

(Printed or use office stamp)

Physician's Signature _____ Date _____