Surgical Associates of Austin, P.A.

Cherico • Markus • Mayer • Ashworth • Ching • Sankar • Esquivel

History and Physical Form (**Please print neatly**)

Chart # _____

Date: _____

Please complete numbers 1 through 16 prior to returning form to receptionist. Thank you.

1. Patient Name: _____ Age: _____ Sex: ☐ M ☐ F
Last First Middle

2. Chief Complaint (nurse to complete): _____

3. Other Physicians involved in your care: **Primary Care:** _____
Specialists: _____

4. Drug Allergies: ☐ None ☐ Yes If Yes, List drugs: _____

_____

5. Medications: ☐ None ☐ See attached list if more than four (include aspirin, Motrin, etc.) _____

_____

6. Other Medical Problems:

☐ None			
☐ Congestive Heart Failure	☐ High Blood Pressure	☐ Diabetes	☐ Heart Murmur
☐ Prior Heart Attack	☐ History of Stroke	☐ Emphysema	☐ Cancer (Type) _____
☐ Mitral Valve Prolapse	☐ High Cholesterol / Lipids	☐ Bronchitis	☐ Arthritis
☐ Heart Rhythm Problem	☐ Clots in Leg Veins	☐ Asthma	☐ Seizures

☐ Other: _____

(Doctor's Notes): _____

7. Previous Operations (with last two digits of approximate year)

☐ None							
☐ Heart Valve	____	☐ Groin Hernia	____	☐ C-Section(s)	____	☐ Arthroscopy	____
☐ Total Joint	____	☐ Other Hernia	____	☐ Breast Biopsy(ies)	____	☐ Spine Surgery	____
☐ Gallbladder	____	☐ Colon Surgery	____	☐ Mastectomy	____	☐ Thyroid	____
☐ Appendectomy	____	☐ Hysterectomy	____	☐ Coronary Artery Bypass	____	☐ Cataract	____

☐ Other: _____

(Doctor's Notes): _____

8. If female, date of last normal menstrual period: _____ **9. Are you Postmenopausal?** ☐ Yes ☐ No

10. Alcohol:
☐ None
☐ Frequency: _____

11. Tobacco:
☐ None
☐ Frequency: _____

12. History of IV Drug Use:
☐ None
☐ Frequency: _____

13. Other Current Problems:

☐ None			
☐ Chest Pain (Heart)	☐ Cough	☐ Significant Weight Loss	☐ Bleeding Tendency
☐ Irregular Heart Beat	☐ Coughed Up Blood	☐ Change in Bowel Habits	☐ Slurred Speech
☐ Shortness of Breath with Exertion	☐ Wheezing	☐ Blood in Stool Recently	☐ Urinary Problems
☐ Shortness of Breath at Night	☐ Constipation	☐ Diarrhea	☐ Weakness (Arms / Legs)

☐ Other: _____

(Doctor's Notes): _____

14. Names and ages of children: _____

15. Family History of: ☐ None ☐ Adopted

☐ Breast Cancer	☐ Ovarian Cancer	☐ Lung Cancer	☐ Colon Cancer	☐ Prostate Cancer	☐ Thyroid Cancer
☐ Melanoma	☐ Skin Cancer	☐ Throat Cancer	☐ Cervix Cancer	☐ Lymphoma	☐ Leukemia
☐ Multiple Myeloma	☐ Other Cancer: _____				
☐ Early Age Heart Attack	☐ High Blood Pressure	☐ Diabetes	☐ Hemophilia or significant bleeding history		
☐ Strokes	☐ Clots in the leg veins	☐ Gallbladder Disease			

16. I will absolutely refuse blood transfusions under any circumstances: ☐ Yes ☐ No

☐ Other: _____

FOR OFFICE USE ONLY

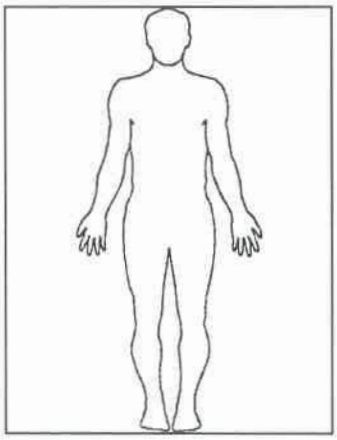
Patient Name: _____ Chart # _____

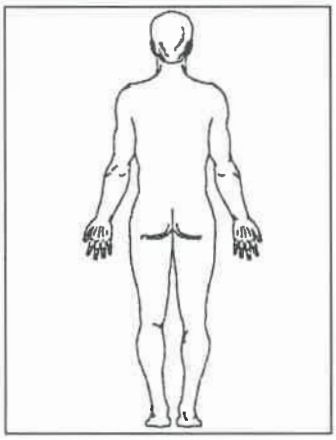
Date: _____

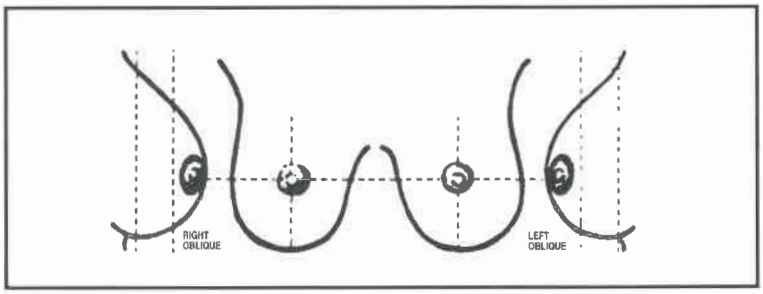
Present Illness:

Physical Exam: Blood Pressure _____ Weight _____ Height _____ Heart Rate _____

GENERAL	☐ Alert	☐ Active	☐ Ambulatory	☐ Other _____
EXTREMITIES	☐ Normal			
HEENT, NECK	☐ Normal			
HEART	☐ Normal			
LUNGS	☐ Normal			
BREAST	☐ Normal	☐ Not Examined		
ABDOMEN	☐ Normal			
ADENOPATHY	☐ Normal			
GENITALS	☐ Normal	☐ Not Examined		
PELVIC	☐ Normal	☐ Not Examined		
RECTAL	☐ Normal	☐ Not Examined		







Impression Plan:

PREOP ORDERS . . . . . ☐ Routine ☐ As Listed Below .....

Hospital	☐ Brack	☐ SAMC	☐ Seton	☐ Seton NW	☐ St. D	☐ Other _____
Anesthesia	☐ GEN	☐ Regional	☐ Local	☐ MAC	☐ Special	☐ Need Assistant
Laboratory	☐ CBC	☐ UA	☐ Lytes	☐ Liver Profile	☐ Type & Screen	
	☐ Amylase	☐ BUN, Creatinine		☐ PT / PTT	☐ Other _____	

NPO Þ Midnight _____ ☐ CXR ☐ EKG with interpretation by _____

☐ Type & Crossmatch _____ Units ☐ PRBC's _____ Units ☐ FFP _____ Units

Consent for _____

Cherico • Markus • Mayer • Ashworth • Ching • Sankar • Esquivel _____ M.D.