

Current Date: _____ Current Time: _____

NAME: _____ Patient DOB: _____

Male Female Sex Assigned at Birth: Male Female

PRINT PHYSICIAN'S NAME: _____ **PROPOSED DATE OF SURGERY:** _____

HISTORY: Chief complaint/history of present illness: _____

PAST MEDICAL HISTORY:

Surgical: _____

Medical: _____

Allergies: _____

Medications: _____

Social History: _____

Family History: _____

REVIEW OF SYSTEMS: <input type="checkbox"/> A review of systems was done, and with the exception of the positive features mentioned in HPI and PMH, was negative for pertinent issues.	VITAL SIGNS
Eyes: <input type="checkbox"/> Neg _____ ENT: <input type="checkbox"/> Neg _____ GI: <input type="checkbox"/> Neg _____	Pulse: _____
CV: <input type="checkbox"/> Neg _____ Resp: <input type="checkbox"/> Neg _____ Neuro: <input type="checkbox"/> Neg _____	Temp: _____
GU: <input type="checkbox"/> Neg _____ Skin: <input type="checkbox"/> Neg _____ Msk: <input type="checkbox"/> Neg _____	Respiration: _____
Hem: <input type="checkbox"/> Neg _____ Other: _____	BP: _____
	Height: _____
	Weight: _____

PHYSICAL

Physical Examination:

Eyes: _____ ENT: _____ Neck: _____

Cardiovascular: _____ Respiratory: _____

Gastrointestinal: _____ Breast: _____

Genitourinary: _____

Hematological: _____

Neurological: _____

Psychiatric: _____

Constitutional: _____

Integumentary: _____

Endocrinology: _____

Body System Requiring Surgery: _____

Musculoskeletal: _____

Impression: _____

PLAN: _____

PLAN OF ANESTHESIA	
Per Anesthesiologist	<input type="checkbox"/>
Local	<input type="checkbox"/>
Moderate Sedation	<input type="checkbox"/>
ASA Class I II III IV	(circle one)

PHYSICIAN SIGNATURE: _____ PRINTED NAME: _____ DATE: _____ TIME: _____



Baptist Medical Center Jacksonville, Jacksonville, FL
Baptist Medical Center Beaches, Jacksonville Beach, FL
Baptist Medical Center Nassau, Fernandina Beach, FL
Baptist Medical Center South, Jacksonville, FL
Baptist Emergency Center Clay, Fleming Island, FL
Wolfson Children's Hospital, Jacksonville, FL

OUTPATIENT HISTORY AND PHYSICAL



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PATIENT LABEL