

PT NAME
MRN

History & Physical Examination

Long Form

Fax to Nebraska Orthopaedic Hospital 402.637.0715

For Complex History & Physicals please call our Dictation Line at 402.637.0720 and follow the prompts.

Patient Name: _____ **Date of Birth:** _____ **Age:** _____ **Gender:** M/F

Referring MD: _____ **Primary Care Physician:** _____ **Date of Exam:** _____

CC/HPI: _____

Planned Procedure: _____ **Planned Procedure Date:** _____

Allergies: (List Medication and reaction): _____

Other Allergies: Latex Y / N Environmental _____ Food _____

Current Medications: _____

PMH: (please circle) ♦HTN ♦CAD ♦CHF ♦High Cholesterol ♦Peripheral Vascular Disease ♦Stroke ♦Bleeding Tendencies ♦DVT/Blood Clots
 ♦Claudication ♦DM ♦COPD ♦OSA (CPAP use: Y / N) ♦Chronic Bronchitis / Asthma/Other Lung Disease _____
 ♦Recurrent Infections ♦Leg Ulcers ♦Osteoarthritis ♦Osteoporosis ♦Anemia ♦Hepatic Disease ♦Renal Disease-Stage _____
 ♦Urolithiasis ♦Cholelithiasis ♦Reflux / Colitis / Diverticulitis ♦Peptic Ulcers ♦GI Bleed- _____
 ♦Anxiety / Depression ♦Cancer _____ ♦Other _____

Surgical/Anesthetic History:

FH: ♦CAD ♦Stroke ♦MI ♦HTN ♦ DVT/PE ♦ Lung Disease ♦ DM ♦Malignant Hyperthermia ♦Cancer _____

SH: ♦Smoke: Never / Current- #Packs/Day _____, Started _____, Quit _____ ♦Substance Abuse: Y / N _____
 ♦ETOH: Never or # of drinks/day _____ # of days per week or month _____ Quit _____
 ♦Marital status: Single / Married / Divorced / Widowed / Separated ♦Employed: Occupation _____ Unemployed / Retired
 ♦Live alone / with spouse / with significant other / other _____

Review of Systems: (please circle)

CONSTITUTIONAL: No Complaint Fever Chills Weakness Sweats Fatigue Loss of Appetite -Other _____

EYES: No Complaint Visual Disturbance Discharge Itching Pain Redness Photophobia -Other _____

ENT: Ears: No Complaint Pain Bleeding Drainage Ringing Hearing Disturbances -Other _____
 Nose: No Complaint Bleeding Congestion Discharge - Other _____
 Throat: No Complaint Pain Swelling Voice Disturbance Redness - Other _____
 Mouth: No Complaints Bleeding Pain Swelling Teeth -Other _____

RESPIRATORY: No Complaint Cough Hemoptysis Wheeze Pain w/breathing Dyspneic on exertion / SOB
 COPD / Steroid Dependent / Pulmonary HTN / Asthma / Snoring / OSA / CPAP settings _____ / Home O2 _____
 Past Anesthesia Complications _____ -Other _____

CARDIOVASCULAR: No Complaint Chest pain Left Arm pain Diaphoresis DOE Palpitations Dizzy spells Syncope Calf pain
 Angina / MI / CHF / Previous PTCA / Pacemaker or AICD / CABG / LE Edema / HTN / Poor Exercise Tolerance
 -Other _____

GI: No Complaints Abdomen pain Nausea Vomiting Diarrhea Melena Hematochezia Dysphagia Constipation Rectal pain
 -Other _____

GU: No Complaints Dysuria Hematuria Urinary frequency Incontinence Flank pain Urgency -Other _____
 Female: No Complaints Vaginal discharge Abnormal bleeding Pelvic pain Dyspareunia Pregnant

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Review of Systems (continued)

NEUROLOGICAL: No Complaints Headache Dizziness Fainting Numbness Gait disturbances
 Stroke / TIA / Difficulty swallowing / Speech impairment / Weakness R or L / Dementia / Sundowner's / Seizure / Memory Loss
 -Other _____

MUSCULOSKELETAL: No Complaint Tenderness Swelling Deformity of _____ -Other _____

INTEGUMENTARY: No Complaint Rash Itching Lacerations Wounds Bruises Scars Loc _____ -Other _____
 Breasts: No Complaints Tenderness Mass Discharge Cancer Fibrocystic changes

ALLERGIC/IMMUNOLOGIC: No Complaints Frequent infection slow healing Hives Rash -Other _____

HEMATOLOGICAL/LYMPHATIC: No Complaints Easy bruising Easy bleeding Swollen glands -Other _____

ENDOCRINE: No Complaint Weight gain/loss Intolerance to heat/cold excessive thirst/hunger/urination -Other _____

PSYCHIATRIC: No Complaint Alert Oriented Depression Anxiety Sleepless Hopeless Suicidal -Other _____

ALL OTHERS REVIEWED AND NEGATIVE: YES NO

Physical Examination: (circle findings and document abnormal results)

HT _____ WT _____ BP _____ Pulse _____ RR _____ Temperature _____ SaO2 _____

GENERAL APPEARANCE	Normal	Abnormal	_____
EYES	Normal	Abnormal	_____
ENMT	Normal	Abnormal	_____
NECK	Normal	Abnormal	_____
RESPIRATORY	Normal	Abnormal	_____
CARDIOVASCULAR	Normal	Abnormal	_____
GASTROINTESTINAL/ABDOMEN	Normal	Abnormal	_____
GENITOURINARY	Normal	Abnormal	_____
MUSCULOSKELETAL	Normal	Abnormal	_____
INTEGUMENTARY	Normal	Abnormal	_____
NEUROLOGICAL	Normal	Abnormal	_____
PSYCHIATRIC	Normal	Abnormal	_____

PLEASE ATTACH COPIES/FAX REPORTS 402.637.0715

CARDIOVASCULAR STUDIES: ECG _____ Other Cardiac Studies _____ Stress Testing _____

RESPIRATORY STUDIES: CXR _____ PFT'S _____ ABG'S _____

LAB: UA _____ CBC _____ PT/PTT _____ BMP/CMP _____
Please attach copies of HgbA1C & Lipid Profile if available

(See attached form-Anesthesia Protocol for Preoperative Testing)

PROBLEM LIST & PLAN

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

- The Patient is an acceptable candidate for surgery.
- The Patient is an acceptable candidate for surgery with the following amendments: _____

Please Mark the Appropriate ASA Classification

- | | |
|------------|--|
| ____ ASA 1 | A Normal healthy patient |
| ____ ASA 2 | A Patient with mild systemic disease |
| ____ ASA 3 | A Patient with severe systemic disease that limits activity |
| ____ ASA 4 | A Patient with an incapacitating disease that is a constant threat to life |
| ____ ASA 5 | A Moribund Patient not expected to survive 24 hours |

- I will place patient on a beta blocker pre-operatively _____
- Patient does not require beta blocker.

Physician Signature: _____ **Date:** _____ **Time:** _____

Anesthesia Protocol for Preoperative Testing

Preoperative Condition	CBC	PT	PTT	BMP	CMP	FBS	HEPATIC PANEL	CXR	EKG	HCG
Age =/>50									Y	
Cardiovascular Disease									Y	
CHF				Y				Y	Y	
Pulmonary Disease (Debilitating or Change)								Y	Y	
Hepatic Disease	Y	Y	Y				Y			
Hepatitis Exposure (recent)							Y			
Renal Disease	Y			Y						
Diabetes						ON ARRIVAL				
Possible Pregnancy?										ON ARRIVAL
Diuretics				Y						
Digoxin				Y					Y	
Coumadin		Y								
Hematologic Disease	Y									

Y= obtain