

History and Physical

Surgery Date _____ Surgeon Michael A. Callahan, MD DOB _____

Patient Name _____ Sex _____

Surgical Procedure Cataract Removal

Chief Complaint _____

Current Medications _____

NKA Allergies _____

Previous Surgical History _____

Social History : Smoke Y N _____ PPD _____ YRS Alcohol Y N Amount _____

Lives alone Y N Post op Help _____

Review of Systems and Past Medical History Does the patient currently have a history of:

Cardiovascular

- Y N Valvular Heart Disease
- Y N Hypertension
- Y N Coronary Heart Disease
- Y N Arrythmias
- Y N Congestive Heart Failure

Endocrine

- Y N Diabetic
- Y N Insulin
- Y N Thyroid Disease

Neurology

- Y N CVA
- Y N TIA's
- Y N Seizures

Pulmonary

- Y N Asthma
- Y N COPD
- Y N Other Pulmonary

GI

- Y N Liver Disease
- Y N Ulcers

GU

- LMP _____
- Y N Renal Failure
 - Y N Kidney Stones

Cancers _____

Others _____

Physical Exam Other findings grossly normal (no note required)

- | | | | |
|--------------------|----------------------------|--------------|----------------------------|
| | Abnormal | | Abnormal |
| General Appearance | <input type="checkbox"/> Y | Lungs | <input type="checkbox"/> Y |
| Abdomen | <input type="checkbox"/> Y | Neurological | <input type="checkbox"/> Y |
| Heart | <input type="checkbox"/> Y | | |

Describe any gross abnormalities _____

Impressions/ Conclusions _____

MD/CRNP Signature _____ Date _____ Time _____

MD Signature _____ PGY _____ Date _____ Time _____

Day of Surgery Review: I have reviewed the H&P and examined the patient

No changes _____ MD/PGY _____ Date _____ Time _____

Changes noted above _____ MD/PGY _____ Date _____ Time _____

Please fax this and any reports (Stress Test, Labs) to 205-933-6421, 48 hours prior to Surgery.

