

Fill out as accurately as possible and please ask for assistance if you have questions.

Patient History

	Yes	No
Anemia (Type: _____)		
Blood clotting problems		
Asthma		
Apnea (Heavy Snoring)		
Are you on CPAP at home?		
Are you on Oxygen at home?		
Emphysema / COPD		
High blood pressure		
Chest pain		
Irregular heart beat		
Heart attack		
Colon/bowel problems		
Diabetes Type 1 _____ Type 2 _____		
Ear/nose/throat issues		
Cancer		
Kidney/Bladder issues or infections		
Gout		
Thyroid		
Migraine headaches		
Seizures		
Stroke		
Rheumatic fever		
Skin disease		
Depression / Anxiety		
MEN: Prostate problems		
WOMEN: GYN problems		
Smoking History Years _____		
Alcohol History		
Drinks/Week _____		
Recreational drug usage:		
Types _____		

Please list your allergies

Family Health History

Major Conditions (I.e. Cancer, COPD, etc.)	
Father	
Mother	
Sister (s)	
Brother (s)	

Past Surgical History

Procedure	Date / Comments / Complications
Tonsillectomy	
Appendectomy	
Thyroid	
Gall bladder	
Heart- bypass	
Any joint?	
Spine Surgery	
Other Surgery	

Comments / Additional Information:

Patient or Authorized Representative Signature ➔ _____ Date _____

I have determined that this patient is a suitable candidate for the planned procedure at this facility. I have explained the procedure/surgery, including appropriate alternatives, benefits, side effects and risks. I have answered all the patient's/guardian's questions. The patient/guardian accepts the proposed procedural/surgical plan.

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

Complete This Section on Day of Service for History and Physical Performed within the Past 30 Days: (✓ 1 box only)

- No change in patient condition noted after patient examination & review of H&P and admission patient history. I have determined that this patient is a suitable candidate for the planned procedure at this facility today.
- Change in patient condition noted after patient examination & review of H&P and admission patient history:
Describe: _____

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