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PEDIATRIC SURGERY/SPECIAL PROCEDURE HISTORY AND PHYSICAL

Web Form



Continuum Health Partners, Inc.

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Diagnosis: _____ Planned Procedure: _____ Date of Surgery: _____

PRESENT AND RECENT ILLNESS:

Medications: _____

Allergies: _____

Immunizations: Up to Date Yes No Explain: _____

Table with 4 columns: MEDICAL SURGICAL HISTORY, Y, N, DETAILS OF POSITIVE RESPONSES. Rows include: 1. PREVIOUS SURGERY/HOSPITALIZATION, 2. PAST ANESTHESIA HISTORY, 3. PREMATURITY, 4. RESPIRATORY, 5. CARDIOVASCULAR, 6. GI (Reflux), 7. RENAL/URINARY, 8. HEMATOLOGIC/ONCOL, 9. ENDOCRINE/METABOLIC, 10. NEURO/SEIZURE, 11. OTHER

_____ lbs. _____ in.

Wt: _____ kg. Ht: _____ cm. BP: _____ / _____ HR: _____ T: _____ °F RR: _____

PHYSICAL EXAM:

Physical Appearance: _____

HEENT: _____

Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

Mental Status: _____

Other: _____

Laboratory Results N/A CBC UA Other _____

Cleared for Anesthesia / Surgery / Special Procedure: Yes No

Signature : _____ MD/PCP NP PA Office Phone: _____

Print Name: _____ Date: _____