Diagnosis: 
Planned Procedure: 
Date of Surgery: 

**PRESENT AND RECENT ILLNESS:**

Medications: 
Allergies: 

Immunizations: Up to Date 

**MEDICAL SURGICAL HISTORY**

1. PREVIOUS SURGERY/HOSPITALIZATION
2. PAST ANESTHESIA HISTORY
3. PREMATURITY (Gestational age, Birth weight, Ventilation, Apnea, Prolonged intubation, Trach.)
4. RESPIRATORY (e.g., Snoring, Apnea, Croup, Asthma)
5. CARDIOVASCULAR (e.g., Heart Murmur, HTN, CHD)
6. GI (Reflux)
7. RENAL/URINARY
8. HEMATOLOGIC/ONCOL (e.g., Bleeding, Transfusions, Chemo/RT)
9. ENDOCRINE/METABOLIC
10. NEURO/SEIZURE
11. OTHER

**PHYSICAL EXAM:**

Physical Appearance: 
HEENT: 
Lungs: 
Heart: 
Abdomen: 
Extremities: 
Mental Status: 
Other: 

**Laboratory Results** 

Cleared for Anesthesia / Surgery / Special Procedure: 

Examiner's Name (Printed) License # Date Time 
Examiner's Address Telephone # 
Examiner's Signature Date Time 

Surgeon's Review: I have reviewed the attached documented history and physical examination and have reevaluated and reexamined the patient. Except for any changes or findings listed below, I certify that the patient's history, physical findings and condition are materially unchanged: 

Attending Surgeon Signature: Print Name: Date: Time: 

NUR 050 revised 8.22.2018