

Patient:

PATIENT HISTORY

Surgeon:

DATE:	AGE:	DOB:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
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PRE OP DIAGNOSIS:

CURRENT ILLNESS(S): None Cataract Glaucoma Corneal Disease

PAST MEDICAL HISTORY: None Cardiac Pulmonary Renal Neuro

COVID-19 EXPOSURE HISTORY: None Tested- Positive or Negative Date:

PAST SURGICAL HISTORY: None Eye

ANESTHESIA PROBLEMS: None

ALLERGIES & REACTION: None Latex Betadine PCN Sulfa

CURRENT MEDICINES: See med list None

FAMILY HISTORY: None

SOCIAL HISTORY: None

REVIEW OF SYSTEMS:

PATIENT PHYSICAL

BP: / **Pulse:** **Resp:** **Pulse Ox:** **HT:** **WT:**

GENERAL: WNL

MENTAL STATUS: WNL

SKIN: WNL

HENT: WNL

CHEST/LUNGS: WNL

BREAST: Not examined WNL

HEART: WNL

ABDOMEN: WNL

EXTREMITIES: WNL

NEUROLOGICAL: WNL

RECTAL: Not examined WNL

PELVIC: Not examined WNL

ADENOPATHY: WNL

IMPRESSION:

PLAN OF CARE: Proceed with Surgery as Planned

I performed a history and physical on said patient and found he/she to be medically stable for surgery.

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