



400S

**OUTPATIENT HISTORY AND PHYSICAL**

**HISTORY**

Chief complaint/indications for procedures: \_\_\_\_\_

Comorbid Conditions/Past History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies \_\_\_\_\_  None

**PHYSICAL ASSESSMENT**

Mental Status: \_\_\_\_\_

Examination Specific To Procedure: \_\_\_\_\_

Heart: (By Auscultation) \_\_\_\_\_

Lungs: (By Auscultation) \_\_\_\_\_

Head: Eyes, Ears, Nose, Throat  Abnormal (specify) \_\_\_\_\_  
 Normal

Abdomen:  Abnormal (specify) \_\_\_\_\_  
 Normal

Extremities: (Bones and Joints)  Abnormal (specify) \_\_\_\_\_  
 Normal

Genitourinary System:  Abnormal (specify) \_\_\_\_\_  
 Normal

General State of Health: \_\_\_\_\_

Impression/Pre-Op Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Preoperative Tests Reviewed

**CONSENT TO TREATMENT**

I have discussed the \_\_\_\_\_ procedure with the patient/authorized representative including the potential benefits and drawbacks, potential problems related to recuperation, likelihood of success, possible result of nontreatment and significant alternatives.

I have discussed blood/blood products administration with the patient/authorized representative including the potential benefits and drawbacks, potential problems related to recuperation, likelihood of success, possible result of nontreatment and significant alternatives.

I have discussed moderate sedation with the patient/authorized representative including the potential benefits and drawbacks, potential problems related to recuperation, likelihood of success, possible result of nontreatment and significant alternatives.

Signed: \_\_\_\_\_  
Physician Title Date Time

**HISTORY AND PHYSICAL UPDATE**

(To be completed if History and Physical not performed on the day of procedure.)

A copy of the History and Physical dated \_\_\_\_\_ is on the chart. The history remains valid.

I have assessed the patient's physical status and

There are no changes from the previous assessment

The following are changes from the previous assessment:

Signed: \_\_\_\_\_

Physician Title

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**POSTOPERATIVE NOTE AND DISCHARGE ORDERS**

Surgeon(s)/Assistant: \_\_\_\_\_

Procedure: \_\_\_\_\_

EBL: \_\_\_\_\_

Findings: \_\_\_\_\_

Specimens removed: \_\_\_\_\_

Complications: \_\_\_\_\_

Post-Op Diagnosis: \_\_\_\_\_

Op Note Dictated

Discharge Orders: \_\_\_\_\_

Signed: \_\_\_\_\_  
Physician Title Date Time

**Memorial**  
H E A L T H

University Medical Center

**OUTPATIENT HISTORY & PHYSICAL/  
PROCEDURE RECORD**

Form # 3398 (08/05)

Patient ID Area