

Sample A

Pre-operative Evaluation Notes

Pre-op Orders/History and Physical

Pt. Name: _____

Present Complaint: _____

Past Medical History: _____

Allergies: _____

Current Medications: _____

Physical Exam	Normal Findings	Abnormal Findings	Review of Systems
General Exam			
HEENT			
Neck			
Chest/Breast			
Heart, Lungs			
Abdomen			
Pelvis, Rectum			
Skin, Nodes			
Extremities, Back, Neuro			

Notes: _____

Pre-op Diagnosis: _____

I have discussed the nature and purpose of the operation or procedure, including moderate sedation when appropriate, the risks involved, the prospects for success, and the possible alternative methods of treatment with the patient or the patient's representative. With full knowledge of the risks, benefits and alternatives of this procedure, the patient or the patient's representative has consented to the performance of this procedure.

Pre-op Orders

Circle desired items below

1. Permit For: _____

2. Pre-op Meds: _____

3. Lab: _____

4. Anesthesia Requested: ___ Local ___ PO/IM Sedation ___ IV Sedation (check appropriate)

5. Other: _____

Physician's Signature _____ Date _____