

History and Physical

Patient Name: _____

A/K Acct #: _____

DOB: _____

Male Female

L.M.P. : _____

History of Present Illness: _____

Allergies/Reactions: _____

Current Medications: _____

Past Medical /Surgical History: _____

PHYSICAL EXAM			
Height:	Pulse:	Temperature:	
Weight:	BP:	Resp:	O ₂ sat:
MENTAL STATUS			
HEENT			
CHEST			
HEART			
ABDOMEN			
EXTREMITIES			
OTHER PERTINENT INFORMATION			
DIAGNOSIS:			

Proposed Surgery / Procedure: Cataract extraction with lens implant ___ R ___ L LRI ECP
 Other _____

Cleared for Surgery: Yes No

Physician Signature: _____ Date: _____

(This form may be substituted with your own History and Physical form)