



**PRE-PROCEDURE  
HISTORY & PHYSICAL EXAMINATION**

Addressograph

History & Physical completed by:  DHMC Staff Clinician  non-DHMC Staff Clinician

Chief Complaint/Diagnosis: \_\_\_\_\_ Patient Age: \_\_\_\_ Code status: \_\_\_\_\_

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

History of Present Illness:
Medical/Surgical History:
Family History:
Social History:
Advance Care Planning: <p>_____</p> <p><b>(Write name of Durable Power of Attorney for Health Care or patient's preferred medical decision-maker and relationship to patient.)</b></p> <p>Advise patient that this named person would be asked to give medical consent on behalf of the patient to all medical treatments related to the current Operative or Major Diagnostic or Therapeutic Procedure identified above. This named person's authority will only exist when the patient is unable to make his/her own medical decisions. Consideration should be given to postponing procedures under circumstances in which no medical decision-maker is identified.</p>
Drug/Latex Allergies/Sensitivities: <input type="checkbox"/> ADR/Allergies List reviewed and updated in EMR <input type="checkbox"/> No known allergies
Current Medications: <input type="checkbox"/> Medication List reviewed and updated in EMR

**REVIEW OF SYSTEMS (ROS)**

Pertinent positive findings:

None

Remaining ROS (including: Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Neurological, Psychiatric, Endocrine, EENT):

All negative



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PHYSICAL EXAM: (Complete each item. Explain abnormal)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg) Vital Signs: BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Not Examined</u>	<u>Explanations</u>
Constitutional/General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EENT & Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breasts and Axillae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scrotum/Testes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PERTINENT DATA:

ASSESSMENT/PLAN:

PRE-PROCEDURE ORDERS:

- Pre-Anesthesia Consult (schedule through Pre-Admission Testing)**
  - **Required for non-emergency patients for whom Anesthesia Services are anticipated if patient has DNR or Limited Resuscitation Order or Out-of-Hospital DNR Order. Consult is recommended but optional prior to 12/31/08.**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Examiner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**24-HOUR INTERVAL H&P** CODE STATUS: \_\_\_\_\_

- Condition changed (see note)  Condition unchanged since H&P originally performed

**For DNR or Limited Resuscitation status patients:**

**“Documentation of Patient Wishes During the Peri-Procedural Time Period for Patients with: DNR or Limited Resuscitation Order or Out-of-Hospital DNR Order” form**  completed  not completed (optional prior to 12/31/08)

Examiner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**H&P REVIEW BY DHMC ATTENDING PHYSICIAN**

I have reviewed the pre-procedure H&P and subsequent interval H&P, as applicable, and

- Find no need to add additional information

**OR**

- Would add the following information:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_