

Ridgedale Surgery Center

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CONSULTANT'S HISTORY AND PHYSICAL

NOTE: You may use your own form as long as you capture all information below without any omissions.

Patient Name: _____

Surgical Procedure: _____

Type of Anesthesia: _____ **Date of Surgery:** _____

Date of Pre-op Exam: _____

Medical History: _____

Past Surgical History: _____

Physical Limitations: no yes _____

Social History: Smoking no yes _____ **ETOH** no yes _____

Medications: (Please include dosages) _____

Allergies: _____

Physical Exam: General Appearance _____

HT _____ **WT** _____ **BP** _____ **PULSE** _____ **RESP** _____ **TEMP** _____

Mental Status _____

HEENT _____

CHEST _____

COR _____

ABDOMEN _____

OTHER _____

PERTINENT LABS: _____

RECOMMENDATIONS: _____

Consultant's Name _____ **Signature** _____

Telephone _____ **Fax** _____