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Pre OP H&P by PCP

Pt Name _____ DOB _____ Date _____

Surgical Procedure _____

Anesthesia ___ Local ___ IV Sedation ___ General

PCP Name _____

HPI

PMH

Surgeries

Medications

Allergies _____

Social Hx ___ Tobacco ___ Alcohol ___ IV Drugs

Vitals _____

HEENT

Lungs

Heart

ABD

LE

Assessment _____

___ Cleared for foot Surgery ___ NOT Cleared for Foot Surgery

Special Instructions Pre-Op/ Labs _____

PCP Signature _____ Date _____