



**Dr. Iwona L. Ciba**

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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 \_\_\_\_\_