Rhode Island Hospital
A Lifespan Partner

Pre-Operative History & Physical

Date: _____/_____/_____ Time: _____

NPO: ☐N ☐Y since: Day of surgery only	Weight: Height:

ALLERGY: Medication ☐N ☐Y
Latex ☐N ☐Y

HPI and planned procedure:

Past procedures:

Personal or family history of problems with anesthesia: ☐N ☐Y

Medications:

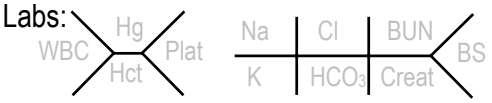
Past medical history: Activity ≥ 4mets*: ☐Y ☐N Smoker: ☐Y ☐N

Physical examination: Airway class 1 2 3 4 Dentition:

Cardiac auscultation: Lung auscultation:

Gross neurological deficit: ☐N ☐Y Other:

Labs:



PT: EKG:
INR:
PTT:

Name printed*: _____ Signature: _____Date:__/_____/___

TO BE FILLED OUT BY ANESTHESIA PROVIDER BELOW:

Assessment: PS 1 2 3 4 5 6 E

Plan:

Name printed*: _____ Signature: _____Date:__/_____/___

Revised 03/06 *4mets = walking on level ground, light housework