



Rhode Island Hospital  
 The Miriam Hospital  
 Newport Hospital

*Lifespan. Delivering health with care™*

## Surgical History and Physical Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Date of H&P: \_\_\_/\_\_\_/\_\_\_\_\_

Planned Date of Procedure: \_\_\_/\_\_\_/\_\_\_\_\_

Pre-operative Diagnosis:

Planned Procedure(s):

### HISTORY

Chief complaint:

History of Present Illness:

Significant Medical and/or Surgical History:

Sleep Apnea:  Yes  No

Current Medications:

Allergies:  NKDA

Reaction(s):

Latex Allergy:  Yes  No

Review of System  No relevant significant findings.

Pertinent test results/images reviewed.

Findings:

### PHYSICAL EXAMINATION *All six elements are required. Check or describe variation.*

Head & Neck:  (no mass, atraumatic)

Abdomen:  (no mass, non-tender)

Heart:  (regular rate, no murmur)

Neuro:  (alert & oriented)

Lungs:  (clear breath sounds)

Extremities:  (perfused, no edema)

Additional Findings:

Date: \_\_\_ / \_\_\_ / \_\_\_ Time

Signature: \_\_\_\_\_

Print: \_\_\_\_\_