

**NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE
HISTORY AND PHYSICAL
FAX TO 763-581-9078**

Date	Name			
DOB	BP	P	Height	Weight

Allergies/Drug or Latex Sensitivities:

Present Medications (to include over the counter meds, herbal supplements and vitamins:

Significant Medical History/Previous Surgery/Hospitalization

Indications for Surgery/Procedures Planned

Diet Meds/Herbal Vitamins	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Bleeding Tendencies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> FAMILY HX
Aspirin Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MOA Inhibitors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Anesthesia Complications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> FAMILY HX	Drugs/Alcohol	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LABORATORY

Hgb	K+	Other	EKG	Chest X-Ray
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PHYSICAL

	WNL	ABNL	EXPLANATION
HEENT			
Heart			
Lungs			
Smoker			HOW LONG?
GI			
GU			
Back/Extremities			
Neuro			
Gyn/Breast			
Skin			

PHYSICAL
SIGNATURE

PRINT NAME

Cleared for surgery