THE CENTER FOR AMBULATORY SURGERY
1450 ROUTE 22 WEST
MOUNTAINSIDE, NJ 07092

ACCT:
DOB: AGE:
DR:
DOS:

History and Physical

Date (H&P): Date of Surgery:

Patient's Name:

Planned Procedure:

Diagnosis/Indications:

System	Patient History	N/A	System	Normal Physical	√	Significant Findings
Head/Neck			Neuro	Alert, Oriented to person, place		
Respiratory			EENT	No palpable masses, neck supple, no thyromegaly		
Cardiovascular			Heart	Regular heart rate, no murmur or gallop		
GI			Lungs	Bilateral breath sounds clear, no rales or rhonchi		
GU/GYN			Abdomen	Normal bowel sounds; soft & non-tender, no palpable mass		
Hematologic			Neuro-Muscular & Extremities	Sensory & motor function grossly intact		
Endocrine			Pediatric Growth & Development	Appropriate to pediatric patient's age		

Social History: □ ETOH □ Smoker Height: Weight:

Current Medications, Dosages, & Frequency	Allergies & Reactions

Status Date of Procedure: □ Changed from above □ Unchanged from above

Changes:

□ The Patient has been cleared for surgery in an ambulatory setting by the surgeon and anesthesiologist performing the procedure.

Date:

Physician Signature: **Date:** **Time:**

Operative Report & Discharge Note

Procedure Performed:

Surgeon / Assitant: Anesthesia:

Findings:

Status at end of Procedure:

Blood Loss:

Discharge Diagnosis:

Condition:

Physician Signature: Date: / /