

Admission Note: Chief Complaint & Present Illness:	PHYSICAL	
	<i>(BOLD Items are Required in Physical, all other physical areas at physician discretion)</i>	
	Vital Signs: Temp _____ Pulse _____ BP _____ Respirations _____	
HISTORY	Heart:	Normal ()
<i>(Complete ALL items listed below, regardless of type of anesthesia to be provided)</i>		
Family History:	Lungs:	Normal ()
Social History/Psychosocial Needs:	Site Assessment:	
Current Medication & Dosages:	<i>Neurological:</i>	Normal () Deferred ()
	<i>HEENT:</i>	Normal () Deferred ()
PAST MEDICAL HISTORY:	<i>Neck:</i>	Normal () Deferred ()
	<i>Abdomen:</i>	Normal () Deferred ()
Allergies:	<i>Back:</i>	Normal () Deferred ()
Other:	<i>Extremities:</i>	Normal () Deferred ()
	<i>GU:</i>	Normal () Deferred ()
Previous Procedures/Anesthesia: <i>(including adverse experiences with sedation/analgesia, local, regional and/or general)</i>	<i>Comments:</i>	
	Admission/Pre-Op Diagnosis (Conclusion/Impression)	
Review of Systems: <input type="checkbox"/> All other systems reviewed and negative	Treatment Plan/Procedure(s) Planned:	
	MD Signature: _____ Date: _____	

