COFFEE REGIONAL MEDICAL CENTER

OUTPATIENT PROCEDURE/SURGERY HISTORY & PHYSICAL / DISCHARGE SUMMARY

1HPRPT

MEDICAL HISTORY

Present Illness/ Admitting Diagnosis: _____

_____

Past History: _____

Past Surgery: _____

Family History: _____

Psychosocial: _____

Allergies: _____ Immunizations: _____

Current Medications (prescription/OTC/Herb): _____

_____

PHYSICIAN PRE−SEDATION ASSESSMENT

PHYSICAL EXAM Vital Signs: BP_____ Pulse_____ Resp._____ Temp_____

Head/neck: _____

Heart: _____

Skin: _____

Lungs: _____

Abdomen: _____

GU: _____

MS: _____

Neuro: _____

ASA Level: 1 2 3 4 5 E (Not a candidate for surgery)

Airway: Teeth − Condition: _____

ROM Head % Neck: _____

Neck Thickness/Length: _____

Oropharyngeal Classification (Check)

Class 1 Class 2 Class 3 Class 4

Treatment Plan: _____

YES_____ NO_____ Based on the pre−procedural assessment/H&P and the lack of allergy to sedation, patient is a suitable candidate for moderate sedation/analgesia during the planned procedure.

DATE:_____ TIME:_____ PHYSICIAN SIGNATURE:_____

❑ Reassessment Immediately Prior to Sedation

DISCHARGE SUMMARY Discharge Diagnosis:_____

Procedures/Treatment: _____

Diagnostics: _____

Activity: _____ Diet: _____

Prescription/Medications: _____

Follow−Up: _____

_____

PHYSICIAN SIGNATURE **DATE** **TIME**