



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

Heart: \_\_\_\_\_ Airway: Teeth – Condition: \_\_\_\_\_

Skin: \_\_\_\_\_ ROM Head % Neck: \_\_\_\_\_

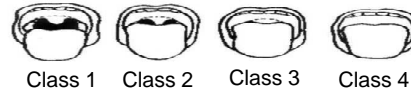
Lungs: \_\_\_\_\_ Neck Thickness/Length: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Oropharyngeal Classification (Check)

GU: \_\_\_\_\_

MS: \_\_\_\_\_

Neuro: \_\_\_\_\_



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