

History & Physical Short Form
SURGERY CENTER OF MARYLAND

FAX# 301-598-2894

PHONE# 301-598-5100

Patient: _____ Age: _____ Gender: _____

Surgeon: _____ Date of Surgery: _____

Indication(s)/Symptoms(s) for Procedure(s): _____

Past Medical History/Co-Morbid Conditions/Anesthesia History: NONE

Current Medications/Dosages: NONE

Medication	Dosage	Medication	Dosage

Reaction to Medication Allergies: NONE

Assessment of Mental Status: Alert, Oriented X 3 Other _____

Review of Systems/Pertinent Positives: _____

Physical Examination:	
	Normal Abnormal
HEENT	() _____
Heart	() _____
Lungs	() _____
Abdomen	() _____
Extremities	() _____
Temp. _____ Blood Pressure _____ Pulse _____ Resp. _____	
Height _____ Weight _____	

Physician Name _____ Signature _____ Date _____

- Copy of H&P may be faxed to 301-598-2894; patient or surgeon may bring in original; this form is intended to be used on generally healthy patients; physician may use their own form for either healthy or more complex patients
- The pre-op nurse may be reached @ 301-438-6966; Anesthesiologist may be reached @ 301-598-5100