

History & Physical Short Form
 FAX to MedStar Montgomery Medical Center
 301-774-8868

Patient: _____ DOB: _____ Gender: _____

Surgeon: _____ Date of Surgery: _____

Indication(s) /Symptom(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 / /