

PATIENT LABEL

Greater New Orleans Surgery Center

Patient Name: \_\_\_\_\_

**PHYSICIAN'S HISTORY & PHYSICAL**

Admitting Diagnosis: \_\_\_\_\_

Present Illness: \_\_\_\_\_  
\_\_\_\_\_

**History**

PMH \_\_\_\_\_  
\_\_\_\_\_

Meds:  See Attached

Allergies: (Drugs & Biologicals)

NKA to Drugs and Biologicals

**Physical Exam**

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

HEENT: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Other: \_\_\_\_\_

DVT Risk Assessed

The patient is cleared for surgery in an ambulatory setting.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The H&P reviewed and patient examined on the date of surgery.  No changes noted or  The following changes were noted: \_\_\_\_\_

**POST OPERATIVE FINDINGS**

Operation \_\_\_\_\_  
\_\_\_\_\_

Specimen Sent to Lab  Yes  No

Progress Notes:  Stable to PACU  
\_\_\_\_\_  
\_\_\_\_\_

Instructions:  Given to Patient  Written  Verbal

Final Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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