AMBULATORY SURGERY
HISTORY AND PHYSICAL EXAMINATION

Date: ____________________
Name: ____________________
Time: ____________________
Age: ____________________

Chief Complaint: ____________________
Present Illness: ____________________
Past Medical History: ____________________

Previous Operations: ____________________

Family History: ____________________
Social History: ____________________
Medications: ____________________

Allergies: ____________________
Family Physician: ____________________

PHYSICAL EXAMINATION:

HEENT: ____________________

Neck: ____________________
Chest: ____________________
Heart: ____________________
Breasts: ____________________
Abdomen: ____________________
Genital / Rectal: ____________________
Extremities / Skin: ____________________
Neurological: ____________________
Impression: ____________________

Signature ____________________ ID # ____________________ Date ____________________ Time ____________________
**AMBULATORY SURGERY ORDER SHEET**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SURGEON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE:</td>
<td>OPERATION:</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>TIME NEEDED:</td>
</tr>
<tr>
<td>PRE-ADMISSION TESTING:</td>
<td>TYPE ANESTHESIA:</td>
</tr>
<tr>
<td>DATE:</td>
<td>SURGERY DATE:</td>
</tr>
<tr>
<td>TIME:</td>
<td></td>
</tr>
</tbody>
</table>

**SPECIAL NEEDS:** (instruments, cultures, frozen sections, interpreter)

<table>
<thead>
<tr>
<th>PROCEDURES ORDERED:</th>
</tr>
</thead>
</table>

- CBC required
- Urine required
- Bloom Chem (Specify)
- EKG □ Yes □ No
  *(required over age 40)*

**OTHER:**

| Signature: | Date: |

**PREOPERATIVE INSTRUCTION SHEET GIVEN TO PATIENT**

- □ YES □ NO

**OLD CHART ORDERED FROM MEDICAL RECORDS**

- □ YES □ NO

**PATIENT DIRECTED TO BUSINESS OFFICE**

- □ YES □ NO