

Northern Baltimore

SURGERY CENTER

110 West Road, Suite 229 • Towson, MD 21204 • Phone: (410) 825-3131 • Fax: (410) 825-4037

Pre-Op History & Physical Form

Patient Name: _____ DOB: _____ Surgery Date: _____

Proposed Surgery: _____

Medical History: _____

Surgical History: _____

Current Medications:

Allergies/Reactions:

_____ Dose: _____	_____ Dose: _____	_____
_____ Dose: _____	_____ Dose: _____	_____
_____ Dose: _____	_____ Dose: _____	_____
_____ Dose: _____	_____ Dose: _____	_____

**Please use a separate sheet to continue with medications if necessary

*If patient states an allergy to latex, please send for an allergy test (IGE) for confirmation.

B/P _____ **Pulse** _____ **Resp** _____ **Temp** _____ **Weight** _____ **Height** _____

Mental Status: _____ **BMI:** _____

HEENT: _____ Abdomen: _____

Cardiovascular: _____ Extremities: _____

Lungs: _____ Neuro: _____

If patient diabetic, recommended plan for surgery: _____

CLEARED FOR SURGERY: Yes No **Need Consult:** Yes No Physician: _____ Phone: _____

LABS: Yes No **EKG:** Yes No Results: _____ **Latex:** Yes No **IGE:** Yes No

Additional Remarks: _____

Name of Physician: _____ Phone: _____
Completing H&P Please print clearly

Physician Signature Date: _____

**Please fax completed forms along with copies of any pertinent LABS and/or EKG results to:
Northern Baltimore Surgery Center 410-825-4037**

Northern Baltimore

SURGERY CENTER

110 West Road, Suite 229 • Towson, MD 21204 • Phone: (410) 825-3131 • Fax: (410) 825-4037

Dear Primary Care Provider,

Your patient is scheduled for elective eye surgery with IV sedation at Northern Baltimore Surgery Center. We are requesting Medical Consultation for clearance and performance of a History and Physical. Please note the following requests:

- **Please document the results of your History and Physical on the reverse side** of this document. If additional documents are required, please include patient's name on all documents.
- If patient has suspected or known **Latex allergy**, we request an **IGE is performed**.
- The following tests should be performed at your discretion and are not a requirement of the surgery center:
 - EKG with interpretation
 - Hematocrit
 - Basic Metabolic Panel
 - COAG Studies

• PLEASE DOCUMENT THE FOLLOWING:

Patient is NOT on anticoagulant therapy

Patient is on anticoagulant therapy and was instructed as follows:

Continue on anticoagulant therapy

Discontinue anticoagulant therapy prior to surgery

IF YOU INSTRUCT PATIENT TO DISCONTINUE ANTICOAGULANT THERAPY, IT IS YOUR RESPONSIBILITY TO INSTRUCT PATIENT ON RESUMPTION OF THERAPY.

If you have questions regarding this information, please contact Northern Baltimore Surgery Center at 410-825-3131.

Thank you for collaboratively caring for our patient.