ALASKA REGIONAL HOSPITAL

PRE-PROCEDURE HISTORY & PHYSICAL

Patient Name: _____ Date: _____

Procedure: _____

Brief History of Present Illness: _____

PAST MEDICAL HISTORY:	**No Significant Condition**	**Comments**
Pulmonary:		
Cardiac:		
Gastroenterologic:		
Renal:		
Neuro/Psych:		
Endocrine:		

Patient pregnant: ❑ Yes ❑ No ❑ N/A EDC: _____/_____/_____ LMP: _____/_____/_____

Current Medications:

Adverse Drug Reactions:

Psychosocial:

Surgeries:

Previous Experience w/Sedation/Analgesia/Anesthesia (including problems): _____

Inventory of Systems: _____

_____

PHYSICAL EXAM: Vital Signs: **HR:** **RR:** **BP:** **T:** **WT:**

1. Habitus (Morbid Obesity):
2. HEENT:
3. Neck:
4. Chest/Lungs:
5. Cardiac:
6. Abdomen (Morbid Obesity):
7. Pelvic/Rectal:
8. Musculoskeletal:
9. Integumentary:
10. Reason for Procedure/Impression:
11. Plan:

I have discussed the risks and benefits of the procedure and the possible use of moderate sedation with the patient and/or his/her guardian.

_____ _____ _____

Physician Signature: **Date:** **Time:**

PLACE PATIENT
LABEL HERE