

History and Physical Exam Form Local Anesthesia Procedures



Patient Name _____ **Age** _____ **Date of Birth** ____/____/____

Do you have a history of the following symptoms/conditions? Please circle **Yes** or **No**. Please explain **Yes** comments below.

● **Medical History:**

Exercise Intolerance/Shortness of BreathY N	Bleeding disorderY N
Heart Problems / Chest PainsY N	Neuro disorder/Stroke/MS/Parkinson's.....Y N
HypertensionY N	Poss Pregnancy LMP_____Y N
DiabetesY N	Motion SicknessY N
Lung Problems (COPD, Asthma).....Y N	Immunizations Current.....Y N
Active TB or recent exposure.....Y N	Prosthetics/Metal in Body Where:_____Y N
Gastrointestinal Problems, Acid Reflux/Heartburn.....Y N	Do you currently smoke tobacco.....Y N
Hepatitis/Liver Problems.....Y N	Packs/day _____ # of yrs _____
SeizuresY N	Alcohol use Weekly Amount:_____Y N
Kidney disorderY N	Street Drug UseY N

YES Comments _____
from above: _____ (Use back if necessary)

● **Medications:**

● **Allergies: (Medications, Food, Latex, Other Biologicals, Blood Products)**

(Use back if necessary)

(Use back if necessary)

● **List Previous Surgeries:**

(Use back if necessary)

PHYSICAL EXAM

OFFICE USE ONLY

● **Vital Signs:** T _____ P _____ R _____ B/P _____ SpO2 _____ Pain Rating (0-10) _____

Ht _____ Wt _____

Cardiac

- Regular _____
- Irregular(list) _____
- Pacemaker _____
- Murmur _____

Respiratory

- Regular (LS clear/Bil/A/P) _____
- Irregular (list) _____

Peripheral Vascular

- Edema _____
- Pulses _____
- Other _____

ASA Classification

- ASA PS I - Normal healthy patient;
- ASA PS II - Patient with mild systemic disease;
- ASA PS III - Patient with severe systemic disease;

Surgery Clearance:

- Medically cleared for surgery, no contraindications
- Medically cleared for surgery, further evaluation/testing needed
- Surgery contraindicated in Ambulatory Surgery Center setting.

● **Pre-Op Medications:**

Time:

Initials:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Neuro

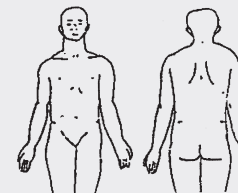
- Alert/Oriented Anxious
- Confused Lethargic
- Disabilities (list) _____

Integument

- WNL (Pink/Warm/Dry/Intact)
- Abnormal (list) _____

Please indicate:

- B- bruise
- R - rash
- L - laceration
- A - abrasion



Additional Comments/Information: _____

Provider Name _____

Signature: _____

_____ Date

_____ Time