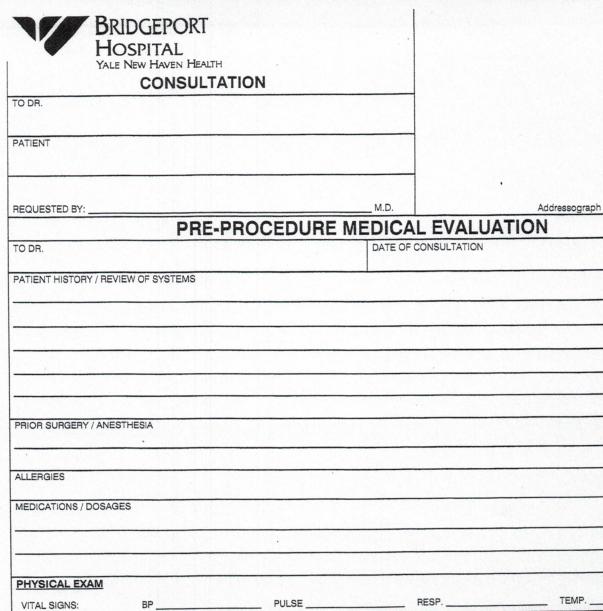
Surgery Center of Fairfield County Patient History & Physical			Name DOB			
Chief Complaint/Histor	y of Present Il	lness:				
Pre-Operative Diagnosi	s/Indication fo	or Surgery:				
Proposed Procedure:			•			
ASA Classification: (PAIN & GI ONLY) (Non-Surgical procedures	III Severe Sys	ealthy II Mild Stemic Disease IV Severe	Systemic disease Systemic Disease that is a con	stant threat to life		
Complete for all sur	geries/proced	lures:		10 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
System Review	Normal	Abnormal/Explain	Current Medications:	□ None □ See Medication List		
Hoort/CV						
Heart/CV						
Pulmonary						
HEENT						
Neuro						
Abdomen			AND A CONTRACTOR OF THE CONTRA			
Musculoskeletal			Allergies/Reactions: □ NKA			
Hepatic / GI						
Renal / GU						
Mental Status						
			Smoking: □ No □ Y	es: Amount:		
Constitutional Sympton	ns (fever weigh	ht loss etc.)	Alcohol Use: □ No □ Ye			
Constitutional Sympton	is (level, weigh	11 1033, 010.).				
			Drug Use: No Yes: List:			
Past major illnesses/inju			Medical History:	0 116 1 = Dist Controlled		
If yes, list:				Oral Meds Diet Controlled		
				□ Hepatitis		
			☐ Heart Disease	□ Seizure Disorder		
Family History: □ Negative			□ Stroke	□ Sleep Apnea		
			□ Asthma	□ Cancer		
Other:			□ Bleeding Tendency			
			Bleeding Tendency	tions: None Yes: describe		
Previous Surgeries/Hos	pitalizations:		Current Comorbia Condi	tions. Notice 1 es. describe		
I have determined that th	nis patient is me	edically optimized and is a	suitable candidate for the plann	ned procedure at this facility.		
n i i Dhoddania	Cianatuun		Date:	Time:		
Complete T	his Section or	Day of Service for Hist	ory and Physical Performed	within the Past 30 Days		
Complete 11	ins section on	Day of Scribe for This		tient bistom. I have determine		
No change in patient co	ondition noted	after patient examination &	& review of H&P and admission	n patient history. I have determine		
that this patient is a su	itable candidat	e for the planned procedur	e at this facility today. I have a	answered all the patient's/guardian		
questions. The patient/s	guardian accep	ts the proposed procedural	surgical plan.			
Dhysisian Signatures			Date:	Time:		
	Complete Th	is Section for any CHA!	NGES in patient condition or	n Day of Service		
			view of H&P and admission pa	Control of the Contro		
Change in patient cond Describe:			VICTOR TICK WITH WATER STORY PA	The second secon		
Describe.						
Physician Signature:			Date:	Time:		



ALLERGIES						
MEDICATIONS / DOSAG	BES					
PHYSICAL EXAM						
VITAL SIGNS:	BP	PULSE	RESP	TEMP		
MENTAL STATUS	☐ ALERT AND ORIE	NTED				
HEART			LUNG			
OTHER PERTINENT FIR	NDINGS					
1-5						
PATIENT IN OPTIMAL	MEDICAL CONDITION FO	OR PLANNED PROCEDURE	YES NO (EXPLAIN)			
RECOMMENDATIONS FOR CONTINUING THERAPY DURING PERIOPERATIVE PERIOD.						
					M.D.	