

Turtle Creek Surgery Center  
Physician History & Physical

HISTORY	PHYSICAL EXAM
Present Illness/Chief Compliant:	
	General Appearance <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Past Medical History:	Head/EENT <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Past Surgical History:	
	Cardiovascular <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Medications:	
	Respiratory <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Allergies:	Abdomen <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Social History:	
Tobacco use: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Neurological <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Alcohol use: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
Labs:	
BP: / P: R: T: SaO <sub>2</sub> : %	Extremities <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Height: Weight:	
Pre-operative Diagnosis:	Rectal/Vaginal <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Treatment Plan:	Breasts <input type="checkbox"/> Not evaluated <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	Other

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_