**Pre-Procedure History & Physical Examination**

<table>
<thead>
<tr>
<th>History &amp; Physical completed by:</th>
<th>☐ DHMC Staff Clinician</th>
<th>☐ non-DHMC Staff Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint/Diagnosis:</td>
<td></td>
<td>Patient Age:</td>
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<tr>
<td></td>
<td></td>
<td>Code Status:</td>
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<tr>
<td>Planned Procedure:</td>
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**History of Present Illness:**

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**Medical/Surgical History:**

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**Family History:**

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**Social History:**

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**Advanced Care Planning:**

(Write name of Durable Power of Attorney for Health Care or patient’s preferred medical decision-maker and relationship to patient.)

Advise patient that this named person would be asked to give medical consent on behalf of the patient to all medical treatments related to the current Operative or Major Diagnostic or Therapeutic Procedure identified above. This named person’s authority will only exist when the patient is unable to make his/her own medical decisions. Consideration should be given to postponing procedures under circumstances in which no medical decision-maker is identified.

**Drug/Latex Allergies/Sensitivities:**

-☐ ADR/Allergies List reviewed and updated in EMR
-☐ No known allergies

**Current Medications:**

-☐ Medication list reviewed and updated in EMR

**Review of Systems (ROS)**

1) Pertinent positive findings:

-☐ None

2) Remaining ROS (including: Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Neurological, Psychiatric, Endocrine, EENT):

-☐ All negative
**Physical Exam** (Complete each item. Explain abnormal.)

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitutional/General</td>
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<tr>
<td>Neurologic</td>
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<tr>
<td>EENT &amp; Mouth</td>
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<td>Neck/Thyroid</td>
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<td>Skin</td>
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<td>Musculoskeletal</td>
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<td>Lungs</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Peripheral Vascular</td>
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<tr>
<td>Breasts and Axillae</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Pelvic</td>
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<tr>
<td>Scrotum/Testes</td>
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<tr>
<td>Rectal</td>
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**Pertinent Data:**

______________________________________________________________________________________________________
______________________________________________________________________________________________________

**Assessment/Plan:**

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

**Pre-Procedure Orders:**

- Pre-Anesthesia Consult (schedule through Pre-Admission Testing): Required for non-emergency patients for whom Anesthesia Services are anticipated if patient has DNR or Limited Resuscitation Order or Out-of-Hospital DNR Order. Consult is recommended but optional prior to 12/31/08.

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-  
-  

Examiner Signature: ______________________________ Print Name: _________________________ Date: ____________ Time: _________

**24-Hour Interval H&P**

<table>
<thead>
<tr>
<th>Code Status:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Condition changed (see note)</td>
<td>Condition unchanged since H&amp;P originally performed</td>
</tr>
</tbody>
</table>

**For DNR or Limited Resuscitation status Patients: “Documentation of Patient wishes during the peri-procedural time period for Patients with: DNR or Limited Resuscitation Order or Out-of-Hospital DNR Order” form**

- Completed
- Not Completed (optional prior to 12/13/08)

Examiner Signature: ______________________________ Print Name: _________________________ Date: ____________ Time: _________

**H&P Review by DHMC Attending Physician**

I have reviewed the pre-procedure H&P and subsequent interval H&P, as applicable and

- Find no need to add additional information **OR**
- Would add the following information: ____________________________

Signature: ______________________________ Print Name: _________________________ Date: ____________ Time: _________