

Virginia ENT Surgery Center  
6600 West Broad Street, Suite 210 Richmond, VA 23230  
**PREOPERATIVE HISTORY & PHYSICAL EXAMINATION**

Patient's \_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      Age                      Gender

Surgery Date: \_\_\_\_\_ Surgeon: Dr. \_\_\_\_\_

Procedure: \_\_\_\_\_

**Medical-History**                      1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**Surgical-History**                      1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

History or family history of **Malignant Hyperthermia**  No  Yes

History of family history of **Bleeding or Clotting Disorder**  No  Yes

Current Medications	Dosage

Drug Sensitivities	Reaction

**Latex Sensitivity**  No  Yes      Social history: Tobacco/Smoking \_\_\_\_\_ Drugs/EtOH \_\_\_\_\_

Vitals: Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

General: \_\_\_\_\_ HEENT: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Extremities: \_\_\_\_\_

Neurologic: \_\_\_\_\_ Other: \_\_\_\_\_

**Based on the above evaluation, this patient is**

STABLE for the above surgery      \_\_\_\_\_  
 Signature of Practitioner                      Date

NOT ready for surgery      \_\_\_\_\_  
 Signature of Practitioner                      Date

\_\_\_\_\_  
 Name of Practitioner                      Office Phone number

Virginia ENT Surgery Center requires the Pre-operative History and Physical Examination be performed and signed within 5 days of surgery for patients 12 and under, and within 30 days for patients over 12 years of age. A pregnancy exam will be offered to all menstruating females who have not been surgically sterilized.

Please fax this form back to Virginia ENT Surgery Center **FAX # (804) 303-7955**