

History and Physical Examination for Outpatient Surgery

To be completed by Primary Care Physician

Patient Name:	A	.ge:	Date	:	
Proposed Surgery:					
Surgeon: <u>Chris Byrne, DPM</u> Date: Tir	me				
Proposed Anesthesia: Monitored Anesthesia	Care (MAC)		General	□ Spina	1 🗆
History:					
Allergies:					
Medications:	Physical	Exan	n:		
	Height:_		We	eight:	
DMII.	Vitals: T		P R	BP	
PMH:	Normal Abnormal Heent				
PSH:	Heart				
	Lungs				
Social History:	GU				
Smoker: Yes / NoPack years	Extremitie	es 🗖			
Physician Comments:	Neurologi	c 🗖			
	Skin				

Other:	Yes No
Is Patient Medically Stationary for this Proposed Surgical intervention? Physician Signature:	Date:
Please obtain a preoperative EKG followin requested preoperative laboratory testing if	
<u>EKG</u> □	
Males and females age 50+ need preoperative Guidelines for repeat EKG: a) Diabetic Patients: EKG w/in 3 months if previous EKG was not EKG w/in 1 month if previous EKG was abnot b) Non-Diabetic Patients: EKG w/in 6 months if previous EKG is abnot EKG w/in 1 year if previous EKG was normal Frequency to be determined based on activity conditions	rmal and no clinical symptoms. ormal rmal and patient is asymptomatic
	dies that are within three months of the We will fax over the appropriate lab work to ll need additional labs please add them to the
□ CBC□ Chem panel	
	ative clearance for our patient in common. If ed form to our Templeton office loacation at
If you have any questions regarding the proplease don't hesitate to call the office:	oposed surgical care to our mutual patient
San Luis Obispo (805)543-7788 1551 Bishop Street, 210B San Luis Obispo, Ca 93401	Templeton (805)434-2009 1101 Las Tablas Road, Suite K Templeton, Ca 93465