

The Center for Plastic Surgery
Sandra Bouzaglou, MD, FACS

Pre-Operative History & Physical

Patient Name _____ DOB ____/____/____

Date of Exam ____/____/____ Date of Surgery ____/____/____

Surgeon _____ Surgical Procedure _____

Significant Complaints: _____

Current Medications: _____

Drug Allergies _____

Steroid Therapy within the past 6 months? ____Yes ____No

Anti-platelet Agents within the past 6 months? ____Yes ____No

Difficulty with Anesthesia? ____Yes ____No

Family History of Anesthesia Problems? ____Yes ____No

Significant Past History:

1. Previous Surgeries: _____

2. Serious Illnesses: _____

3. Social History: _____

4. Significant Family History: _____

Positive Findings on System Review:

Exam:

Age: ___ B/P: ___/___ Wt: ___ Ht: ___ P: ___ R: ___ T: ___

HEENT: _____ Neuro: _____

Neck: _____ Heart: _____

Lungs: _____ Abdomen: _____

GU-Rectal: _____ Pulses: _____

Extremities: _____ Skin: _____

Labs: _____ EKG: _____

_____ CXR: _____

Impressions: _____

Special Precautions: _____

Recommendations: _____

Provider Signature: _____ **Date:** ___/___/___

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