



Rhode Island Hospital

A Lifespan Partner

Surgical Procedure Record (Page 1 of 2)

Name: _____

Date of Birth: _____

Date of H&P: _____

Date of Procedure: _____

Pre Operative Diagnosis: _____

Planned Procedure: _____

HISTORY

History of Present Illness: _____

Significant Medical and/or Surgical History: _____

Sleep Apnea: Yes No

Current Medications: _____

Allergies: NKDA _____ **Latex Allergy:** Yes No

Type of Reaction: _____

Review of Systems: Relevant system review reveals no significant findings.

ROS findings: _____

PHYSICAL EXAMINATION *All six elements are required. Check or describe variation.*

Head and Neck: (no masses or bruits) _____ **Abdomen:** (no mass, non-tender) _____

Heart: (sinus rhythm, no murmur) _____ **Neuro:** (alert & oriented x 3) _____

Chest: (clear) _____ **Extremities:** (no edema, pulses intact) _____

Additional Findings: _____

Print Name: _____ **Signature:** _____ MD

REQUIRED Day of Surgery UPDATE *for H&P not done on day of procedure*

Check below as appropriate:

To be completed on day of procedure only

H&P are greater than 30 days old; H&P have been re-performed.

H&P have been done within 30 days.

No changes noted.

Changes: _____

Date: _____ **Signature:** _____ MD

Date of procedure