North Rockland Podiatry
7 Liberty Square
Stony Point, NY 10980

HISTORY AND PHYSICAL

Name: **Age:** **Today's Date:** **D.O.S.**

Chief Complaint:

Present Illness:

SIGNIFICANT HISTORY:

Operations: ☐ None

Transfusions: ☐ None

Injuries: ☐ None

Allergies: ☐ None

Family Hx/Illness: ☐ None

LMP: ☐ None

Habits: ☐ None

Medications/Herbals (Doses & Frequency) ☐ None

Review of Systems:

Physical Exam/Comments:

VITAL SIGNS:

HR: **B/P:** **Resp:** **Temp:**

Height: **Weight/BMI:**

HEENT: **Abdomen:**

Chest: **Pelvic:**

Heart: **Rectal:**

Breasts: **Extremities:**

Lungs: **Other:**

Pertinent Labs/Testing/Imaging Studies:

Impression/Indications For Surgery:

Consent Patient For:

☐ I have fully explained the potential benefits, risks and complications of the proposed surgical procedure to the pt, as well as the alternative treatments. All questions have been answered and pt wishes to proceed.

Medication/Pre-Op Orders:

☐ CBC ☐ K ☐ UA ☐ Other **Physician's Signature:**

☐ EKG- If pt is 50+ or has hx of HTN or cardiovascular disease.
If patient has had an EKG within the past year, obtain a copy and submit to the ASC. **Date:** **Time:**

IMMEDIATE PREOPERATIVE REASSESSMENT

I have reviewed the above or attached evaluation, I have re-evaluated the patient immediately prior to the procedure, and I have found:

- No significant interval change in his/her condition
- Significant change which I have documented in the Medical Record

Signature: **Date:** **Time:**

North Rockland Podiatry
7 Liberty Square
Stony Point, NY 10980

Pre-Operative Testing Grid

Please fax a copy of the results to 845-429-0603

- White areas indicate recommended tests
- Dark grey areas indicate tests not recommended

Please obtain result for the required tests and submit to the facility 48 hours prior to surgery.

	Chest X-Ray	ECG	CBC		Type/ Screen	INR/ PT	Lytes	Urea Creat.	Blood glucose	AST/ ALP/ BILI	Sickle Cell Screen
			M	F							
Age: <45											
45-70											
>70											
Cardiovascular disease/HBP											
Pulmonary disease											
Malignancy											
Hepatic disease/ETOH											
Renal disease											
Blood disorders											
Diabetes											
Smoking >20 pack years (1 pack year equals 1 pack of cigarettes daily for one year)											
Use of Digoxin, Diuretics, ACE inhib.											
Use of Steroids											
Use of Anticoagulants[1]											
CNS disease											
Sickle Risk											

- ALL LABS MUST BE WITHIN 30 DAYS OF SURGERY, WITH THE EXCEPTION OF INR/PT FOR USE OF ANTICOAGULANTS
- ALL ECG'S MUST BE WITHIN 90 DAYS OF SURGERY

Other tests: _____

Ordering Physician's Signature _____ Date _____

PATIENT IDENTIFICATION

[1] INR/ PT must be done NO more than 24 hours in advance.