NewYork-Presbyterian
The University Hospital of Columbia and Cornell

50173

☐ SDS
☐ AS

PERIOPERATIVE SERVICES / HISTORY & PHYSICAL DAY OF SURGERY ORDERS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: ______/______/________ **Time:** ____________ **AM/PM**

SUBMIT THIS DOCUMENTATION AND ALL TEST RESULTS TO THE PRESURGICAL DOCUMENTATION CENTER NO LATER THAN 2 DAYS PRIOR TO THE DATE OF SURGERY

PATIENT NAME:	ADMISSION DIAGNOSIS: (1)
HISTORY NUMBER: (UNCONFIRMED) AGE: DOB:	SECONDARY DIAGNOSIS: (2)
FATHER'S FULL NAME:	PROCEDURE/OPERATION:
REFERRING PHYSICIAN NAME:	PROCEDURE DATE: ______/______/________ CONFIRMATION #:
GOING TO PAT ☐YES ☐NO PREADMISSION TESTING DATE: ______/______/________ PAT AT NYPH? ☐YES ☐NO Where ________	PRINT SURGEON NAME/ID CODE:

HISTORY AND PHYSICAL

HISTORY OF PRESENT ILLNESS (HPI):

Specific Surgical in PI: Narrative HPI

HISTORY:

Past Surgical History:

Surgery	Date
	/ /
	/ /
	/ /
	/ /

Past Medical History:

Condition	Date
	/ /
	/ /
	/ /
	/ /

Medications: List of Medications (including over -the-counter medications): (Complete Medication Reconciliation form - 51187)

Medications	Dosage	Frequency

Family History: ☐ Heart Attack ☐ Cancer ☐ Colon Problems ☐ Other ____________________ ☐ None

Do you have allergies? Yes No FOOD DRUG LATEX OTHER ____________________

ALLERGEN	REACTION

50173 (9/11)

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REVIEW OF SYSTEMS:

	Normal	Abnormal	Describe Abnormal findings
Constitution	☐	☐	☐ Fever ☐ Weight loss ☐ Other ______
Cardiovascular	☐	☐	☐ Heart attack ☐ Chest pain ☐ Mitral valve prolapse ☐ Hypertension ☐ Claudication ☐ Other ______
Respiratory	☐	☐	☐ Asthma ☐ Bronchitis ☐ Emphysema ☐ Cough ☐ SOB ☐ Other ___
Gastrointestinal	☐	☐	☐ GERD ☐ Peptic Ulcer disease ☐ Diverticulitis ☐ Irritable bowel ☐ Hepatitis ☐ Cirrhosis ☐ Hypercholesteremia ☐ Gall Bladder disease ☐ Other ______
Genitourinary	☐	☐	☐ Renal Failure ☐ Other ______
Musculoskeletal	☐	☐	☐ Rheumatoid arthritis ☐ Other ______
Neurologic	☐	☐	☐ Stroke ☐ Other ______
Psychiatric	☐	☐	☐ Depression ☐ Anxiety ☐ Bipolar ☐ Other ______
Endocrine/Metabolic	☐	☐	☐ Diabetes ☐ Lupus ☐ Thyroid disease ☐ Other ______
Hematologic/Lymphatic	☐	☐	☐ Anemia ☐ Other ______
Substance Abuse	☐ No	☐ Yes	substance ______ last used : ___/___/___
Smoking	☐ No	☐ Yes	when quit : ___/___/___ ppd: ______
Cancer	☐ No	☐ Yes	______
Other	☐	☐	______

PHYSICAL EXAM: (check all that apply)

CONSTITUTIONAL:

VS: Temp ______ °C Pulse ______ Respiration ______ BP ______ Height ______(cm) Weight ______(kg)

General Appearance ☐ Normal ☐ Malnourished ☐ Overweight ☐ Obese ☐ Morbidly obese

EYES

Inspection of conjunctiva, lids: ☐ Normal ☐ Icteric conjunctiva ☐ periorbital edema ☐ abnormal sclerae ☐ Other ______

Examination of pupils/iris: ☐ PERRLA ☐ Other: ______

NECK

Overall appearance: ☐ Normal **Masses:** ☐ None ☐ Lymph nodes ______ ☐ JVD ☐ Other: ______

Thyroid: ☐ Normal ☐ Other: ______

RESPIRATORY

Effort: ☐ Normal ☐ Tachypneic ☐ Use of accessory muscles ☐ Other: ______

Lungs (Auscultation): ☐ Normal ☐ Other ______

CARDIOVASCULAR

Auscultation of Heart: ☐ Normal ☐ Murmur ☐ Other ______

Examination of Extremities: ☐ Normal ☐ Venous insufficiency ☐ Varicose veins ☐ Edema ☐ Other ______

GASTROINTESTINAL

Examination of Abdomen: ☐ Normal ☐ Masses ______ ☐ Tenderness ______

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MUSCULOSKELETAL:

Examination of Gait and Station: ☐ Normal ☐ Abnormal ____________

Assessment of Strength and Tone: ☐ Normal ☐ Atrophy ________ Tremor ________ ☐ Other ________

SKIN

Inspection: ☐ Normal ☐ Erythema ☐ Stasis dermatitis ☐ Jaundice ☐ Ulcer ________
☐ Other ____________

Palpation: ☐ Normal ☐ Induration ☐ subq nodules ☐ Other ____________

NEUROLOGICAL/PSYCHIATRIC

Orientation: ☐ Normal ☐ Other ____________

Mood: ☐ Normal ☐ Other ____________

DIAGNOSIS:

PLAN FOR SURGERY:

INFECTION PRIOR TO ANESTHESIA/PRINCIPAL PROCEDURE/SURGERY START TIME

☐ Yes, Preoperative Infection exists

☐ Yes, Suspected / Possible Preoperative Infection exists

☐ No

JUSTIFICATION / REASON FOR VANCOMYCIN USE: (check all that apply)

☐ Beta-lactam (penicillin or cephalosporin) allergy

☐ High-risk due to acute inpatient hospitalization within the last year

☐ High-risk due to nursing home or extended care facility setting within the last year, prior to admission

☐ Inpatient stay more than 24 hours prior to the principal procedure

☐ Transferred from another inpatient hospitalization after a 3-day stay

☐ MRSA colonization or infection

☐ Chronic wound care or dialysis

☐ Increase MRSA rate, either facility-wide or operation-specific

☐ Undergoing valve surgery

☐ Not Applicable

Signature: ____________________ MD/PA/NP Date: ____/____/______ Time: ________ AM/PM

Print Name: ____________________ ID CODE # ____________

Reviewed by Attending Surgeon: ____________________ MD Date: ____/____/______ Time: ________ AM/PM

Print Name: ____________________ ID CODE # ____________