

PONTE VEDRA SURGERY CENTER PREOP HISTORY & PHYSICAL FORM

Name _____ SS # _____ Date ____/____/____

Chief Complaint _____

History of Present Illness _____

Procedure _____

ALLERGIES Circle One—Patient to fill out
Drug Allergies Y N List _____

Are you allergic to lidocaine or local anesthetics? Y N
 Neosporin? Tape? Y N Bacitracin? Y N
 Adhesive? Y N Polysporin? Y N Suture? Y N

BLOOD THINNERS
 Do you take? Aspirin Yes No Advil Yes No
 Vitamin E Yes No Coumadin Yes No
 Ginseng Yes No Garlic Yes No

MEDICATIONS (LIST)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

MEDICAL PROBLEMS (Circle One)

LUNGS No Problems Bronchitis Asthma Cough
 Wheezing Shortness of Breath Emphysema

CARDIOVASCULAR No Problems Hypertension
 Heart Attack Murmur Irregular Heart Beat
 Blood Clots Pacemaker Leg Swelling

GASTROINTESTINAL No Problems Reflux
 Bleeding Stools Ulcers Nausea Vomiting

ENDOCRINE/ID No Problems Thyroid Disorder
 Diabetes Growth Hormone Abnormality
 Pituitary Disorder Adrenal HIV Hepatitis A B C

ENT No Problems Ear Infections Nasal Polyps Tumors
 Oral Ulcerations Sinus Problems Dentures

ONCOLOGY No Problems History of Cancer
 Type _____

OPHTHAMOLOGY No Problems Cataracts Contacts
 Glaucoma Lasik Surgery Dry Eyes Eye Allergies

RHUEMATOLOGY No Problems Lupus Arthritis
 Scleroderma Limited Motion

NEUROLOGIC No Problems Seizures Numbness
 Nerve Palsy Fainting Stroke

SKIN No Problems
 Have you ever been seen by a dermatologist? Y N
 Have you ever had a complete skin check? Y N
 Last seen by a dermatologist ____/____/____
 Do you have a history of skin cancer? Y N
 If yes, Melanoma (V10.82) Basal Cell Cancer
 Squamous Cell Cancer Other _____ (V10.83)
 Do you heal poorly i.e. keloids? Y N
 Do you bruise easily? Y N sunburn easy? Y N
 Do you require antibiotics before surgery? Y N
 Do you have a history of cold sores? Y N
 Do you suffer form eczema or psoriasis? Y N Do you
 develop rashes from certain foods? Y N
 Do you develop rashes from the sun Y N

PLASTIC SURGERY Not Applicable
 Have you had plastic surgery before? Y N
 Type _____

Are you interested in our cosmetic procedures? Y N

Would you like information? Y N

FEMALE PATIENTS ONLY Last Menstrual Cycle ____/____/____ Do you think /know you are pregnant? Y N
Have you had a hysterectomy? Y N Are you taking any hormonal therapies? Y N Post Menopausal? Y N

SURGICAL HISTORY List Surgeries None See Below

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Have you had general anesthesia before? Y N Complications? Y N List _____
Have you ever had a blood transfusion before? Y N if yes when ____/____/____
Have you ever had Mohs or Skin Surgery? Y N Complications? Y N List _____

FAMILY HISTORY (Circle One)

Do you have a family history of Skin Cancer? Y N (V 16.59)

Who _____

Type Melanoma Basal Cell Cancer
Squamous Cell Cancer

History of Bleeding Y N

History of Keloid Formation Y N History of Eczema Y N

History of Psoriasis Y N Genetic Disorders Y N

Females (Family History of Breast Cancer) Y N

Other _____

SOCIAL HISTORY (Circle One)

Do you smoke? Y N _____ packs/day

Do you drink? Y N _____ packs/day

Type beer liquor wine

OPTIONAL Single Married Divorced Widow

Occupation _____

Hobbies _____

How much time spent outdoors per week in hrs? _____

I, the undersigned, agree that the information provided above is accurate and true to the best of my ability. I further agree to hold PVSC harmless for any adverse outcome that occurs as a result of information which I have knowingly withheld from this form. I understand that medicine is not an exact science and that no guarantees as to medical or cosmetic results have been given to me. I also agree to have pictures taken of my skin lesions and before and after procedures for educational and documentation purposes

PATIENT OR GUARDIAN

PVDAS REPRESENTATIVE

DATE

PREOP PHYSICAL EXAM (Physician to complete)

Ht _____ Wt _____ kg BP _____ HR _____ Appearance Normal Unkempt Mood Pleasant Angry

HEENT: NC/AT PERLA Sclera Anicteric EOMI Other _____

Cardiac: RRR Murmur Irregular Rub **Pulses:** Normal Diminished Location _____

Pulmonary: Clear Wheeze Rales

Abdomen: Soft BS + Distended Hepatosplenomegaly

Extremities: Warm Dry Venous Stasis Edema

Neurologic: CN II-XII intact Motor WNL Sensory WNL Other _____

Preop Path _____ **Preop Diagnosis** _____

Operative Meds Ativan Phenergan Tylenol #3 Darvocet Vicoden Valtrex Keflex Cipro EMLA

Remarks _____

PHYSICIAN/PROVIDER

DATE