

**Lamont Health Care Centre**  
**SURGICAL HISTORY & PHYSICAL EXAM**

**NAME:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**HISTORY**

**EXAMINATION**

Present Illness:

Head & Neck:

Past History:

Chest:

General Condition:

CVS:

Allergies:

Abdomen/GIT:

Genitourinary:

Medications:

MSS/Integument

CNS:

Based on the patient's medical history, I have ordered the following Lab tests to be reported prior to this procedure:

**ECG** \_\_\_\_\_

**Urinalysis** \_\_\_\_\_

**CBC** \_\_\_\_\_

**Other** \_\_\_\_\_

**None** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_