

ROSS MEMORIAL HOSPITAL
PREOPERATIVE ADMISSION PACKAGE
HISTORY AND PHYSICAL REPORT



10 Angeline Street North
 Lindsay, ON K9V 4M8
 (705) 328-6294

OP IP SDA

UNIQUE # _____

PATIENT'S NAME _____

ALLERGIES:

SURGEON _____

FAMILY DOCTOR _____

PROCEDURE _____

SCHEDULED O.R. DATE _____

PLEASE FORWARD ANY RELEVANT CARDIAC / LUNG INVESTIGATIONS OR SPECIALISTS' CONSULT NOTES DONE WITHIN THE LAST 5 YEARS IN THE PREOPERATIVE ENVELOPE.

FAX (705) 328-6185

<u>FUNCTIONAL INQUIRY</u>	NORMAL	IF ABNORMAL, SPECIFY	MEDICATION(S):
RESPIRATORY			
CARDIOVASCULAR			
GENITOURINARY			
GASTROINTESTINAL			
NEUROLOGICAL			

PAST MEDICAL AND SURGICAL HISTORY:

FAMILY HISTORY: coagulopathy malignant hyperthermia
 anaesthetic complication other
Details:

PHYSICAL EXAMINATION B.P. _____ PULSE _____ WEIGHT _____ HEIGHT _____ BMI _____

	NORMAL	*ABNORMAL	IF ABNORMAL, SPECIFY
GENERAL			
HEAD AND NECK			
RESPIRATORY			
CARDIOVASCULAR			
ABDOMINAL			
BACK AND EXTREMITIES			
SKIN			
NEUROLOGICAL			

FURTHER DETAILS: _____

SIGNATURE _____ DATE _____

