

SURGICAL ADMIT / DAY SURGERY

Reason for Referral/Chief Complaint

HPI (Chronologic description from onset to present. Elements include location, quality, severity, duration, timing, context, modifying factors, associated symptoms / signs.)

- Reviewed Preoperative/Clinical/Inpatient Admit Hx/PE date ____ / ____ / ____
 If previous Hx/PE > 30 days old must redo Hx/PE
 If previous Hx/PE > 24 hours old please indicate the following:
 Information unchanged.
 Updated as follows:

Allergies/Reaction (must record on all patients)

1. See Pt/Nursing Intake notes _____ date
2. No Known Allergies
- 3.

Medications: (Specify dates/prn) (include herbals/vitamins)

- See RN / Anesthesia Notes

Past, Family, Social History

Past Medical Hx:

Prior surgery N / Y

Prior Hospitalization N / Y

Birth history / birth wt.

Growth & development

Immunizations current? (must record on all admits)

- Y (if available, make copy of record) N (refer to PCP-see Hospital Policy)

ROS: (circle pertinent positives or cross out negatives)

ROS reviewed from note on _____ date

Constitutional: fever, fatigue, wt. loss, swollen glands

Endocrine: change in habitus, wt. gain

Eyes: crossing, pain, double vision, redness, drainage

Ear, Nose, Mouth, Throat:

Ear: pain, drainage, hearing loss

Nose: discharge, bleeding, sinusitis

Mouth/Throat: tooth pain, sore throat, hoarseness

Respiratory: wheezing, cough, respiratory distress, apnea, cyanosis

Cardiac: murmurs, chest pain

GI: Feeding/appetite (nl, decreased), nausea, vomiting, diarrhea, constipation, blood in stool, abdominal pain

GU: frequency, dysuria, hematuria. UOP (nl/increased/decreased). Male: discharge, pain, swelling. Female: abnormal discharge, menses, pain LMP _____

Musculoskeletal: joint pain, swelling, weakness

Neurologic: headaches, lethargy, seizures, loss of consciousness

Psychiatric: significant sleep or mood disturbance or depression

Hematologic/Lymphatic: anemia, bleeding, jaundice. Swollen glands

Skin: rashes, lumps, edema

Other or abnormal ROS:

Children's

Hospital & Regional Medical Center
 SEATTLE, WASHINGTON 98105

HISTORY/PHYSICAL EXAMINATION:
 Surgical Admit / Day Surgery

ADDRESSOGRAPH LABEL

CASE NO.

NAME

B-DATE

