

**TAMPA OUTPATIENT SURGERY
HISTORY AND PHYSICAL EXAMINATION**

Surgeon: _____ Date: _____

Pre-op Diagnosis: 1.) _____
2.) _____

Proposed Surgery: 1.) _____
2.) _____

PRESENT HISTORY:

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PAST HISTORY:

PAST FAMILY HISTORY:

CURRENT PHYSICAL EXAM:

ENT:

RESPIRATORY:

GI/GU:

GYN:

CARDIOVASCULAR:

NEUROLOGICAL:

PHYSICIAN SIGNATURE

DATE

