

TAMPA OUTPATIENT SURGICAL FACILITY
ANKLE AND FOOT SURGERY
HISTORY AND PHYSICAL EXAMINATION

Surgeon: _____ Date: _____

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

Proposed Surgery: 1.) _____
2.) _____
3.) _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PRESENT PEDAL HISTORY:

Chief Complaint:

Onset and Course:

PAST PEDAL HISTORY:

LOWER EXTREMITY PHYSICAL EXAM:

Orthopedic:

Vascular:

Neuromuscular:

Dermatologic:

Other:

PERTINENT LAB/X-RAY FINDINGS:

DPM SIGNATURE

DATE

PAST MEDICAL HISTORY:

PAST SURGICAL HISTORY: See Anesthesia Evaluation Form

GENERAL PHYSICAL EXAM:

ADDITIONAL LABORATORY FINDINGS:

ANESTHESIOLOGIST SIGNATURE

PATIENT STICKER

T:/MASTER FORMS/H&P
REV. 06/03