

**The Mount Sinai Hospital**One Gustave L. Levy Place  
New York, New York 10029**PRE-PROCEDURE HISTORY &  
PHYSICAL EXAMINATION****PATIENT HISTORY**

Proposed Procedure(s):

Chief Complaint/History of Present Illness:

Past Medical History:

Past Surgical History:

Social/Occupational History:

Substance Use: Tobacco:                  Alcohol:                  Other:

Last Menstrual Period:

**Allergies****Medications / Herbals****PHYSICAL EXAMINATION**

Head/Eyes/Ears/Nose/Throat/Airway:

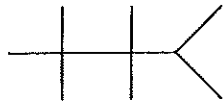
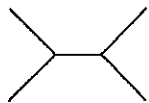
Cardiovascular:

Pulmonary:

Abdominal:

Extremities:

Neurological:

**Physiologic Data**Height:                  cm  
Weight:                kg  
BP:                      mmHg  
Pulse:                 /min  
Resp:                  /min  
Temp:                 °C**LABORATORY DATA & STUDIES**INR:  
PT:  
PTT:CXR:                  Other:  
  
ECG:**ASSESSMENT & PLAN**

Name:                                  Dictation #:                                  Signature:                                  Date:                                  Time:

**IMMEDIATE PREOPERATIVE REASSESSMENT**I have reviewed the above evaluation, I have re-evaluated the patient immediately prior to the procedure, and I have found:  
 No significant interval change in his/her condition     Significant change which I have documented in the Medical Record

Name:                                  Dictation #:                                  Signature:                                  Date:                                  Time: