

Chief Complaint: \_\_\_\_\_  
\_\_\_\_\_

History of Present Illness: \_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_  
\_\_\_\_\_

Significant Past Medical and Family History (include previous sedation and anesthesia experience, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Present Status:	Check Box (if normal)	Comments:
Heart and Lungs Clear	<input type="checkbox"/>	
Physical Systems	<input type="checkbox"/>	
Limited Examination of the Affected Body Area or Organ System	<input type="checkbox"/>	
Emotional & Social Status	<input type="checkbox"/>	

Recommended Treatment: \_\_\_\_\_  
\_\_\_\_\_

**Candidate for the following planned anesthesia:**

Local     MAC     Bier Block     Spinal     Axillary Block     General Anesthesia

IV Conscious Sedation \_\_\_\_\_ (Medication)

**Post-Procedure Care**

Stepdown - SDS     Post-Anesthesia Care     3 South     Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

PATIENT LABEL

**Ambulatory Surgical  
or Procedural  
History & Physical  
(Interactive)**

D-01-265 (12-28-11)



**UPMC Hamot**