

North Bay Regional Health Centre

History and Physical Examination

- Day Surgery Day of Surgery Admission
 Day BEFORE Surgery Admission

Name: _____

Date of Admission: _____

Date of Birth: _____

Attending Physician: _____

Family Physician: _____

Diagnosis/Operation: _____

HISTORY Chief Complaint: _____

Present Illness: _____

Functional Enquiry	Normal	Abnormal	Comments	ALLERGIES
Metabolic / Endocrine				
Respiratory				
Cardiovascular				
Gastrointestinal				Medications
Neurological				
Genitourinary				
Development				
Past History: _____				
Family History: _____				
Personal/Social History: _____				

Immunizations

Up to date or

Physical Exam

Temp: _____ BP _____ / _____ Pulse: _____ Weight: _____ kg Height: _____ cm

Functional Enquiry **Normal** **Abnormal** **If abnormal specify ****** **Age:** _____

General			
Head & Neck			
Chest			
Cardiovascular			
Abdomen			
Genitourinary			
Back & Extremities			
Skin & Breast			
Neurological			

***Further Details: _____

Diagnosis

1. _____

Treatment

1. _____

2. _____

Plans

2. _____

3. _____

3. _____

Date: _____ Time: _____ Signature: _____

Print Name: _____