

PATIENT STICKER HERE
Form 131 Rev 2008 11 26 WKG

SANTA BARBARA SURGERY CENTER
HISTORY AND PHYSICAL

CATARACT REMOVAL

Please complete only top half if no prior H&P on chart or H & P is > 30 days old

CHIEF COMPLAINT: Decreased Vision

PERTINENT FINDINGS: Cataract: Right Left (Circle one)

SYSTEMIC ILLNESS: Coronary Disease Diabetes Hypertension Glaucoma Renal Failure

ALLERGIES REVIEWED PER NURSING ADMIT FORM Other _____

MEDICATIONS REVIEWED PER NURSING ADMIT FORM

VITAL SIGNS REVIEWED PER NURSING ADMIT FORM

HEART EXAM: Normal Murmur Irregular Rhythm Describe Abnormality: _____

CHEST EXAM: Normal Wheeze Rales/Rhonchi Describe Abnormality: _____

DIAGNOSIS / INDICATIONS FOR PROCEDURE: Decreased Vision: Cataract Right Left (circle one)

PLANNED PROCEDURE: Cataract Removal & Intraocular Lens Insertion Right Left (circle one) LRI Right Left

INFORMED CONSENT: I have discussed the risks, benefits, alternatives and potential complications associated with this procedure.

Questions have been addressed and patient agrees to the performance of the operation or procedure.

DATE: _____

SIGNATURE: _____ MD

24 HOUR H&P UPDATE: Complete if prior H&P is on chart but is > 24 hours old

NO CHANGE IN HISTORY & PHYSICAL STATUS SINCE PRIOR EXAM

HISTORY & PHYSICAL CHANGED SINCE PRIOR EXAM: Describe Change: _____

HEART EXAM: Normal Murmur Irregular Rhythm Describe Abnormality: _____

CHEST EXAM: Normal Wheeze Rales/Rhonchi Describe Abnormality: _____

Heart & Chest Exam performed by Anesthesiologist: See Anesthesia Preop Note

INFORMED CONSENT: I have discussed the risks, benefits, alternatives and potential complications associated with this procedure.

Questions have been addressed and patient agrees to the performance of the operation or procedure.

DATE: _____

SIGNATURE: _____ MD