

PATIENT STICKER HERE  
Form 133 Rev 2008 11 026 WKG

**SANTA BARBARA SURGERY CENTER  
HISTORY AND PHYSICAL**

**CLEAR LENSECTOMY**

*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:  HYPEROPIA  MYOPIA      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:  HYPEROPIA  MYOPIA    R    L (Circle)

PLANNED PROCEDURE: CLEAR LENSECTOMY    R    L (Circle)     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