

PATIENT STICKER HERE  
Form 130 Rev 2008 11 26 WKG

**SANTA BARBARA SURGERY CENTER**  
**HISTORY AND PHYSICAL**  
FAX: 866-297-5257

**Please complete only top half if no prior H&P on chart. Complete only bottom half if H&P > 24 hours old**

CHIEF COMPLAINT: \_\_\_\_\_

PERTINENT FINDINGS: \_\_\_\_\_

SYSTEMIC ILLNESS:  Coronary Disease  Diabetes  Hypertension  Renal Failure  Neurological Disease

ALLERGIES REVIEWED PER NURSING ADMIT FORM

Asthma  Hepatic Disease

MEDICATIONS REVIEWED PER NURSING ADMIT FORM

Other: \_\_\_\_\_

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: \_\_\_\_\_

PLANNED PROCEDURE: \_\_\_\_\_

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