

PATIENT STICKER HERE  
Form 132 Rev 2008 11 26 WKG

SANTA BARBARA SURGERY CENTER  
HISTORY AND PHYSICAL  
**PAIN MANAGEMENT**

**INITIAL VISIT: Complete top half only if the prior H & P is > 30 days 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

Coagulopathy

VITAL SIGNS REVIEWED PER NURSING ADMIT FORM

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

HEART EXAM:  Normal  Murmur  Irregular Rhythm Describe Abnormality: \_\_\_\_\_

CHEST EXAM:  Normal  Wheeze  Rales/Rhonchi Describe Abnormality: \_\_\_\_\_

DIAGNOSIS / INDICATIONS FOR PROCEDURE: \_\_\_\_\_

PLANNED PROCEDURE:  Epidural BIK w Steroid L R  Facet Blk w Steroid L R  Rhizotomy L R  
 Nucleoplasty  Sympathetic Block L R  Discogram  Pain Stimulator Insertion  
 \_\_\_\_\_  Lumbar  Cervical  Thoracic

**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

**RETURNING VISIT: Complete if the prior H & P is < 30 days 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