

**History/Physical/Evaluation  
SURGICAL, HISTORY/PHYSICAL/EVALUATION -  
CONDITIONAL SHORT FORM**

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

MRN \_\_\_\_\_

Physician \_\_\_\_\_

FIN \_\_\_\_\_

**NOTE: THIS FORM IS INTENDED FOR USE IN SPECIFIC SITUATIONS ONLY.  
THE FOLLOWING SCREENING ALGORITHM MUST BE COMPLETED TO USE THIS FORM.**

**SCREENING ALGORITHM: CONDITIONS FOR USING THIS SHORT FORM**

If patient does not meet the criteria below, then the you are required to complete the long form "History/Physical/Evaluation HISTORY/PHYSICAL/EVALUATION - ADULT" (X05716).

- Is patient 75 years old or greater?  No  Yes If **yes**, then **stop** and complete the long form "History/Physical/Evaluation HISTORY/PHYSICAL/EVALUATION - ADULT" (X05716).
- Is procedure low risk <sup>(1) (2)</sup>, superficial or peripheral **AND** less than 30 minutes in duration?  No  Yes If **no**, then **stop** and complete the long form "History/Physical/Evaluation HISTORY/PHYSICAL/EVALUATION - ADULT" (X05716).

<sup>(1)</sup> Low risk examples: Local anesthesia, cataracts, blepharoplasties, cystoscopies, ear tubes, carpal tunnel release, or podiatry (only simple foot, not ankle).  
<sup>(2)</sup> If anesthesia is required (MAC or general) and patient has significant comorbidities, then a medical evaluation will be required per protocol (Preoperative Anesthesia Orders: Pre-Procedure #9812), then stop and complete the long form "History/Physical/Evaluation HISTORY/PHYSICAL/EVALUATION - ADULT" (X05716)

**HISTORY**

Chief complaint/diagnosis \_\_\_\_\_

History of present illness \_\_\_\_\_  
 \_\_\_\_\_

Allergies \_\_\_\_\_

Personal Habits: Smoking?  No  Yes Alcohol?  No  Yes Recreational drugs?  No  Yes

Anesthesia problems \_\_\_\_\_

Chronic medical problems and major past surgeries \_\_\_\_\_  
 \_\_\_\_\_

**REVIEW OF SYSTEMS**

**NO ABNORMALITIES**

**ABNORMALITIES**

**IF ABNORMALITIES, NOTE**

Cardiopulmonary   \_\_\_\_\_

Other, as related to the medical problem list   \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAMINATION**

General \_\_\_\_\_

Vital signs \_\_\_\_\_

Cardiac \_\_\_\_\_

Chest/Lungs \_\_\_\_\_

Surgery specific examination \_\_\_\_\_

Pertinent laboratory studies \_\_\_\_\_

**EVALUATION**

Surgical plan \_\_\_\_\_

And plan for conditions that are not optimized \_\_\_\_\_  
 \_\_\_\_\_

The benefits and limitations of the proposed procedure, it's alternatives, risks and complications were discussed with the patient (or guardian).

The patient (or guardian) has voiced understanding and has consented to proceed.

**TIME** \_\_\_\_\_ **DATE** \_\_\_\_\_ Physician signature \_\_\_\_\_

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