



Children's Hospital of The King's Daughters, Inc.
601 Children's Lane, Norfolk, VA 23507-1910

**SURGICAL SHORT STAY
PRE-OP HISTORY & PHYSICAL**

Patient Label or MRN, Acct#, Patient Name, DOB, Date of Service

Attending Physician:			
Patient:		Age:	Ht: cm Wt: kg
Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Other:		Immunizations: <input type="checkbox"/> UTD <input type="checkbox"/> Other:	
Current Medications Reviewed: <input type="checkbox"/> Refer to Medication Reconciliation Form			
<u>History of Present Illness:</u>			
<u>Past Medical History:</u>			
Birth History: <input type="checkbox"/> WNL <input type="checkbox"/> Other:			
Growth & Development: <input type="checkbox"/> WNL <input type="checkbox"/> Other:			
Medical Illness:			
Surgical History:			
<u>Review of Systems:</u>			
Abnormal Bleeding or Bruising <input type="checkbox"/> N/A <input type="checkbox"/> Yes (If yes, please indicate why in history)			
Other pertinent:			
<u>PHYSICAL FINDINGS</u> <input type="checkbox"/> Vital signs reviewed. Documented in nurses' notes.			
System	WNL	Abnormal	
EENT			
Heart			
Lungs			
Abdomen			
Genitalia			
Neurologic			
Muscular/Skeletal			
Other Significant Findings			
<u>IMPRESSION & PLAN</u>			
Physician Signature:		Date:	Time: