

# KAROL GUTOWSKI MD & JULIA KEROLUS MD

## Updated PreOp History & Physical

Name \_\_\_\_\_ Age \_\_\_\_\_

Today's Date \_\_\_\_\_ Surgery Date \_\_\_\_\_

Procedure: \_\_\_\_\_

### UPDATED MEDICAL INFORMATION

- ALL**  None  See Consultation or PreOp H&P  Latex
- MED**  None  See Consultation or PreOp H&P \_\_\_\_\_
- PMH**  None  See Consultation or PreOp H&P \_\_\_\_\_
- PSH**  None  See Consultation or PreOp H&P \_\_\_\_\_  
 Implant, pacemaker, defibrillator, or implantable medical device \_\_\_\_\_
- ROS**  None  See Consultation or PreOp H&P \_\_\_\_\_
- SH** Tobacco/Nicotine/Vaping  None PPD \_\_\_\_\_ Date stopped \_\_\_\_\_  
 Alcohol intake  None DPW \_\_\_\_\_
- Sleep Apnea**  None  Yes  CPAP Machine

### Personal or Family History Problems

- Anesthesia**  None  \_\_\_\_\_
- Blood Clotting**  No problems  See original Consultation or PreOp H&P  
 Blood thinning medications Last Aspirin or anticoagulating medication \_\_\_\_\_  
 Need for pharmacologic VTE prophylaxis \_\_\_\_\_

### Physical Exam

- HR                BP                RR                SaO2                TEMP                HT                WT
- HEENT/OP
- CARD
- LUNG
- BREAST
- ABD
- EXT

### Labs & Studies

- None  Reviewed and WNL  Abnormal \_\_\_\_\_

**Impression:**

**Recommendations:**

Signature \_\_\_\_\_

Date \_\_\_\_\_