

KAROL GUTOWSKI MD & ANDREA MARTIN MD

Updated PreOp History & Physical

Name _____ Age _____

PreOp Date _____ Surgery Date _____ Surgeon Dr Gutowski Dr Martin

Procedure Abdominoplasty Body lift Arm lift Thigh lift
 Liposuction _____ Fat transfer _____
 Breast implants Breast lift/reduction Breast _____
 Face/neck lift Blepharoplasty Brow lift Otoplasty

Positioning Prone Supine Prone then supine _____

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

Physical Activity Climb 2 flights of stairs without issues Other physical activity _____

Personal or Family History

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 BREAST

CARDIAC ABDOMEN

LUNG EXTREMITIES

Labs & Studies

None Reviewed and WNL Abnormal _____

Impression

Recommendations

Signature _____