KAROL GUTOWSKI MD & ANDREA MARTIN MD

Updated PreOp History & Physical

Name _____ Age _____ Date of Birth _____

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 anticlotting 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 _____