810 Plaza Blvd, Suite 101
Lancaster, PA 17601
Phone: 717-431-2368
Fax: 717-431-2540

Print or Type Information

Patient's Full Name ______________________________

Date of Birth ______________________________

HISTORY AND PHYSICAL

☐ See Attached H & P

Indication for Procedure:

History and /or comorbid condition:

Physical Evaluation:

	Normal	COMMENTS:
Heart	___	______________________
Lungs	___	______________________
Abdomen	___	______________________
Neuromusclar	___	______________________

	Excellent	Good	Fair	Poor
General Physical Condition	☐	☐	☐	☐

Comments:______________________________

____

____

Physician's Signature ____________________ Date__________

(not required if H & P is attached)

Medication:	Dosage:
______________	______________
______________	______________
______________	______________
______________	______________

Allergies or Adverse Drug Reactions:

______________	______________
______________	______________
______________	______________
______________	______________

Mental Status Oriented ☐ Disoriented ☐

Comments:______________________________

____

Physician H & P Update:

(Required if H & P date is prior to surgery date)

☐ No change(s) from previous H & P

____

____

____

Physician's Signature:____________________ Date __________

Physician's Orders:

H & P/Physician's Orders

Revised 07/21/05

SURGERY Center OF LANCASTER

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PROGRESS NOTES

Procedure Note:

Pre-Op Diagnosis:_____

Operation: _____

Post-Op Diagnosis: _____

Surgeon:_____

Anesthesia:_____

E.B.L _____

Results: _____

Physician's Signature: _____