



Montgomery  
General Hospital

Close to our patients

**SHORT CASE FORM (0-48 Hours Only)**

**FAX TO 301-774 8868**

PATIENT PLATE

**HISTORY**

c.c.: \_\_\_\_\_  
 H.P.I.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 MEDICATION & DOSAGES: \_\_\_\_\_  
 \_\_\_\_\_  
 PAST MEDICAL/SURGICAL HX: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 SOCIAL HX: \_\_\_\_\_  
 FAMILY HX: \_\_\_\_\_  
 ROS  neg: \_\_\_\_\_ LMP: \_\_\_\_\_

**PHYSICAL**

VITAL SIGNS: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_  
 PAIN ASSESSMENT (0-10): \_\_\_\_\_  
 GENERAL: \_\_\_\_\_  
 HEENT:  WNL \_\_\_\_\_  
 HEART:  WNL \_\_\_\_\_  
 LUNGS:  WNL \_\_\_\_\_  
 BREASTS:  WNL \_\_\_\_\_  
 ABDOMEN:  WNL \_\_\_\_\_  
 GENITALIA/RECTAL:  WNL  REFUSED \_\_\_\_\_  
 EXTREMITIES:  WNL \_\_\_\_\_  
 NEURO:  WNL \_\_\_\_\_  
 MENTAL STATUS:  A + O x 3 \_\_\_\_\_  
 ASSESSMENT: \_\_\_\_\_  
 PLAN: \_\_\_\_\_  
 Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRE-OP ORDERS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_ DATE WRITTEN \_\_\_\_\_  
 NURSE'S SIGNATURE \_\_\_\_\_ DATE TIME NOTED \_\_\_\_\_

**POST-OP ORDERS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_ DATE WRITTEN \_\_\_\_\_  
 NURSE'S SIGNATURE \_\_\_\_\_ DATE TIME NOTED \_\_\_\_\_

**DISCHARGE INSTRUCTIONS**

Date: \_\_\_\_\_  
 Care of Operative Area:  Keep Clean and Dry \_\_\_\_\_  
 Medications:  Prescription  None \_\_\_\_\_  
 Return to Work or School: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 Activity:  No Restrictions \_\_\_\_\_  
 Bathing:  No Restrictions \_\_\_\_\_  
 Diet:  No Restrictions \_\_\_\_\_  
 Valubles given to patient  Yes  No Follow-up: Call Dr. \_\_\_\_\_ for appointment in \_\_\_\_\_ days \_\_\_\_\_ weeks.  
 I have received instructions to follow-up care and have been given the opportunity to ask questions.  
 Physician Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_