

**History & Physical Short Form**  
**SURGERY CENTER OF MARYLAND**  
**FAX# 301-598-2894**  
 PHONE# 301-598-5100

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Indication(s)/Symptoms(s) for Procedure(s): \_\_\_\_\_

Past Medical History/Co-Morbid Conditions/Anesthesia History: NONE

Current Medications/Dosages: NONE

Medication	Dosage	Medication	Dosage

Reaction to Medication Allergies: NONE

Assessment of Mental Status: Alert, Oriented X 3 Other \_\_\_\_\_

Review of Systems/Pertinent Positives: \_\_\_\_\_

<b>Physical Examination:</b>	
	Normal                      Abnormal
HEENT	( ) _____
Heart	( ) _____
Lungs	( ) _____
Abdomen	( ) _____
Extremities	( ) _____
Temp. _____	Blood Pressure _____
	Pulse _____ Resp. _____
Height _____	Weight _____

Physician Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

- Copy of H&P may be faxed to 301-598-2894; patient or surgeon may bring in original; this form is intended to be used on generally healthy patients; physician may use their own form for either healthy or more complex patients
- The pre-op nurse may be reached @ 301-438-6966; Anesthesiologist may be reached @ 301-598-5100