Patient Name

Surgery Clearinghouse
Phone 816-855-1841
FAX to 816-302-9928

Children's Mercy HOSPITALS & CLINICS

Surgery Admission Database

History & Physical

Informant: _____ Relationship: _____

Chief Complaint: _____

History of Present Illness (HPI): _____

_____

_____

Past Medical/Surgical History: _____

_____

_____ Birth Weight: _____ gm

REVIEW OF SYSTEMS

SEE HPI	NEGATIVE	
☐ _____	☐	HEENT: _____
☐ _____	☐	Pulmonary: _____
☐ _____	☐	Cardiovascular: _____
☐ _____	☐	Gastrointestinal: _____
☐ _____	☐	Genitourinary/Reproductive: LMP: ____/____/____ ☐ Premenarchal: _____
☐ _____	☐	Bone/Skin/Joint: _____
☐ _____	☐	Neurologic: _____
☐ _____	☐	Endocrine: _____
☐ _____	☐	Psychological: _____
☐ _____	☐	Smoking/Drugs/Alcohol Use/Abuse: _____

Allergies: ☐ NKA _____ (Allergy / Type of Reaction) _____ (Allergy / Type of Reaction)

Medications/Herbal Preparations/Dietary Supplements: ☐ None _____

_____

Immunizations Up-to-Date: ☐ Unknown ☐ Yes ☐ No, explain: _____

PHYSICAL EXAM

Weight: _____ kg

General: _____

HEENT: _____

Neck/Lymphatics: _____

Lungs: _____

Breasts/Tanner Stage: _____ ☐ N/A

Cardiovascular/Pulses: _____

Abdomen: _____

Rectal: _____ ☐ N/A

Genitalia/Tanner Stage: _____ ☐ N/A

Trunk: _____

Extremities: _____

Skin: _____

Neurological: _____

Other: _____

Laboratory/Radiology/Ancillary Results: ☐ None _____

_____

Assessment/Plan: _____

_____

Provider Signature: _____ Date: ____/____/____ Time: _____ hours

PATIENT CONDITION UPDATE (to be completed on the day of surgery)

☐ H&Previewed, patient examined, no changes to patient condition. ☐ H&P reviewed, patient examined, changes as noted below.

☐ See medication reconciliation form for list of current medications.

_____

_____

Provider Signature: _____ Date: ____/____/____ Time: _____ hours