GASTROENTEROLOGY AND NUTRITION SPECIALISTS

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HISTORY:
Chief Complaint:
Present Illness:

Past Medical History:

Past Surgical History:

Family History:

Social History:
( ) Non-Contributatory

Physical Examination:
Mental Status:
( ) Alert, Oriented times 3
Heart:
( ) Regular Rhythm, No significant Murmurs, Gallops, Rubs
Lungs:
( ) Clear to auscultation & Percussion
Abdomen:
( ) Soft, Non-Tender, Normal Bowel Sounds
Extremities:
( ) Function, Circulation Normal
( ) No clubbing, edema, cyanosis

Review of Systems **Findings:**

	Negative	Positive
EENT:	_____	_____
Cardio Respiratory	_____	_____
Gastrointestinal	_____	_____
Genitourinary	_____	_____
Other	_____	_____

Medications: ( ) None ( ) See Medication Reconciliation Form
Are you currently on:
Plavix ( ) Yes ( ) No
Coumadin ( ) Yes ( ) No
Pradaxa
Other Blood Thinner
Allergies: ( ) None ( ) See Pre-Anesthesia Assessment

Impression & Plan:

Procedure: _____
The Patient is an appropriate candidate to undergo the proposed procedure in an ASC. I have discussed the Risk, benefits and possible complications and alternatives with the patient.

Physician Signature Date

Progress Note:

Anesthesia:
I have evaluated the patient for risks associated with the planned anesthesia and the procedure to be performed and found the patient to be an acceptable candidate.

ASA 1 2 3 Physician Signature Date