Bayou Pediatric Association

Pre-Op Exam and History

Name: _____ DOB_____

Requesting Physician _____ Upcoming Procedure_____

Chief Complaint_____

_____

Present Illness_____

_____

Past History

Operations _____

_____

Allergies _____

Current Medications _____

_____

Social History _____

_____

Family History _____

_____

Other _____

_____

Physical Examination

BP____/____ P_____R_____T_____

General

H.E.E.N.T _____

Mouth _____

Skin _____

Lungs _____

Heart _____

Abdomen _____

Neurological _____

Lymph Nodes _____

Genitalia _____

Rectal _____

Extremities _____

Plan of Action/Course _____

_____

_____

Impression_____

_____

_____

Additional Comments_____

Pediatric Specific

Immunizations: Up to date _____Yes _____No If no, why? _____

Developmental Age_____

Signature: _____ Date _____