

The 2011 CMS requirement is that every patient who enters an ASC must have a comprehensive H&P within 30 days of the date of surgery. Updates and addendums are not acceptable.

HISTORY – Patient's Name: _____ **Ophthalmologist:** Kourosh Nazari, MD, FACS

DATE: _____ AGE: _____ DOB: _____ SEX: M F

PRE OP DIAGNOSIS: _____

CURRENT ILLNESS(S): None Cataract Glaucoma Corneal Disease

PAST MEDICAL HISTORY: None Cardiac AICD Pacemaker Pulmonary Renal Dialysis Neuro

PAST SURGICAL HISTORY: None Eye

ANESTHESIA PROBLEMS: None

ALLERGIES & REACTION: None Latex Betadine PCN Sulfa

CURRENT MEDICINES: See med list (Please attach med list to this form) None

FAMILY HISTORY: None

SOCIAL HISTORY: None

REVIEW OF SYSTEMS: _____

PATIENT PHYSICAL

BP: / _____ **Pulse:** _____ **Resp:** _____ **Pulse Ox:** _____ **HT:** _____ **WT:** _____

GENERAL: WNL

MENTAL STATUS: WNL

SKIN: WNL

HENT: WNL

CHEST/LUNGS: WNL

BREAST: Not examined WNL

HEART: WNL

ABDOMEN: WNL

EXTREMITIES: WNL

NEUROLOGICAL: WNL

RECTAL: Not examined WNL

PELVIC: Not examined WNL

ADENOPATHY: WNL

IMPRESSION: _____

PLAN OF CARE: Proceed with Surgery as Planned

I performed a history and physical on said patient and found he/she to be medically stable for surgery.

Signature: _____ **Date:** _____ **Time:** _____

Palisades Eye Surgery Center P(301) 657-8200 F(301) 657-4121

Patient Label

H & P

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