

MARKHAM STOUFFVILLE HOSPITAL

- Uxbridge Site
- Pre-Surgical (MSH)

Please fax to (905) 472-7376 & forward original for patient's chart

HISTORY AND PHYSICAL

Date:
Doctor:
Patient Name:

This form must be completed by a physician by _____ due date

Primary Complaint & History

Family/Social History

Medical History	
<input type="checkbox"/> Malignant Hyperthermia _____	<input type="checkbox"/> Sleep Apnea _____
<input type="checkbox"/> Cardiac _____	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Mitral valve prolapse _____	<input type="checkbox"/> Rheumatoid Arthritis _____
<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Morbid Obesity _____
<input type="checkbox"/> Respiratory _____	

Other:

Past Surgeries

Medications	Allergies <input type="checkbox"/> No Known Allergies
	<input type="checkbox"/> Latex
	<input type="checkbox"/> Drug _____
	<input type="checkbox"/> Food _____
	Other _____

Physical Examination

Provisional Diagnosis		
<i>(Pre-surgical patients)</i> Patient is fit for surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date:	Doctor's Signature:	Phone No./Stamp

