



All patients NEED TO BE EXAMINED by their Primary Care Physician for a History & Physical with Surgical Clearance within 90 days of their scheduled procedure.

\* Surgery WILL have to be rescheduled if the History and Physical and Surgical Clearance form is not completed within the 90 days. \*

Thank you for your cooperation and understanding.

For any questions, please call:  
Florissant Surgery Center at 314-736-1080



Julie M. Sturm, MD

**PRE-OPERATIVE HISTORY & PHYSICAL**

(Please fax completed form to 314-736-1082)

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Dentures:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Pertinent Past Medical History:** \_\_\_\_\_

\_\_\_\_\_

**Current Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Current Medications/Dosages:** \_\_\_\_\_

\_\_\_\_\_

**Head & Neck:** \_\_\_\_\_

**Neuro:** \_\_\_\_\_

\_\_\_\_\_

*Eye examination deferred to Ophthalmologist*

**Heart:** Murmurs \_\_\_\_\_ Rhythm \_\_\_\_\_

**Lungs:** Clear to auscultation \_\_\_\_\_ Rales \_\_\_\_\_ Rhonchi \_\_\_\_\_

**Abdomen:** Non-tender, no palpable masses \_\_\_\_\_ Other \_\_\_\_\_

**Extremities:** WNL for age of patient \_\_\_\_\_ Arthritis \_\_\_\_\_

**Social/Family History:** Alcohol \_\_\_\_\_ Smoker \_\_\_\_\_

**IMPRESSION:** Cleared to undergo surgery safely with conscious sedation under monitored anesthesia care in an ambulatory surgery setting:

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date Phone

If you have any questions or comments, please call Florissant Surgery Center at 314-736-1080.  
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314-736-1080