Virginia Head and Neck Surgeons

19455 Deerfield Ave, Suite 301
Leesburg, VA 20176
Phone 703-858-4439
Fax 703-858-4489

Pre-op History & Physical Clearance form

Patients Name: _____ **DOB** _____

Surgical Date ____/____/____

Surgical Procedure _____

BP _____/_____ **WT** _____ **HT** _____ **P**_____ **RR**_____

Medical History

Medical/ Surgical

_____

_____

_____

Physical Exam

	NL	ABN		NL	ABN
HEENT	☐	☐	Abdomen	☐	☐
Heart	☐	☐	Extremities	☐	☐
Lungs	☐	☐	Neuro Status	☐	☐

Allergies

_____

_____

_____

Current Medications _____

_____

_____

Labs/Tests

EKG (IF 50 or older)	☐	CXR	☐
CBC w/ DIFF	☐	Chem. 7	☐
Lipid Panel	☐	Kidney Function	☐
TSH	☐	U/A	☐
Other	☐	_____	

Please Fax a copy of History and Physical to 703-858-4489 (7) Days before Surgery.

Physician Signature _____ Date ____/____/_____