VANCOUVER ISLAND health authority
SOUTH ISLAND REGION

HISTORY / PHYSICAL
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☐ SPH ☐ LMH ☐ RJH ☐ VGH
☐ Surgical DayCare ☐ Main OR ☐ MAP

PATIENT NAME
MEDICAL RECORD #
BIRTHDATE AGE
PHYSICIANS
PT'S ADDRESS
PHN

ADMIT DATE dd/mmm/yy	OPERATION / PROCEDURE
CONSULTANT	FAMILY PRACTITIONER

RELEVANT HEALTH PROBLEMS: If "Yes" give details in Areas of Concern		**Allergies – Agent & Adverse Reactions** ☐ **None**
Head and Neck	Yes / No	
Loose Teeth	Yes / No	
Reduced Neck extension	Yes / No	
Reduced Jaw Opening	Yes / No	
Respiratory	Yes / No	Infectious Risk Yes / No (Specify)
Cardiac	Yes / No	Medications (Drug, Dosage, Frequency) (Include eye drops)
Diabetes	Yes / No	
Endocrinologist:_______________	☐ None	
Bleeding Disorder	Yes / No	
Kidney Disease	Yes / No	
Mobility Problem	Yes / No	
Mental/Nervous Disorder	Yes / No	
Gastro-esophageal Reflux	Yes / No	
ADDITIONAL INFORMATION REQUIRED		**EXAMINATION:** **Height** ___________ **cm** **Weight** ____________ **kg**
Anesthetic Complications	Yes / No	
ASA# ___________		CARDIOVASCULAR Pulse: _________ BP __________
Family Anesthetic Complications	Yes / No	
Pregnant	Yes / No	RESPIRATORY
Smoker Yes / No Amount:	Alcohol Yes / No Amount:	
Contact Lenses Yes / No	Hearing problems Yes / No	

DETAILS of AREAS of CONCERN

* **ELDER ALERT: complete for patients over 75 or where applicable**

Delirium Risk Management

Has the patient experienced episodes of confusion?	Yes / No	Has the patient had previous delirium episodes?	Yes / No
Has the patient lost 10 lbs or more in the past 12 months?	Yes / No		

Living Arrangement ☐ Alone ☐ Home Support ☐ Caregiver ☐ Name: ______________________________
Comment:

Check if Page 2 faxed ☐

DATE

PHYSICIAN'S SIGNATURE

Page 2 is available for additional free text documentation

ASA Classification

I. Healthy Patient

- No systemic disease
- No regular medications apart from oral contraceptives

II. Mild Systemic Disease with Minimal Functional Limitation

- Well controlled hypertension
- Mild asthma
- Non insulin dependent diabetes

III. Systemic Disease with Definite Functional Limitations

- Cardiac disease: angina requiring continuous therapy
- COPD restricting activity despite therapy
- Morbidly obese patients: Body Mass Index greater than 35

$$\text{BMI} = \frac{\text{Weight in Kilograms}}{(\text{Height in Meters})^2}$$

- Patients with significant skeletal abnormality secondary to rheumatoid arthritis
- Patients with significant anatomical abnormality of their airway
- Patients with a personal history or family history of anesthetic morbidity or mortality, e.g. malignant hyperthermia, prolonged incapacitating nausea and vomiting
- Asthmatics on daily medication
- Patients on monoamine oxidase inhibitor
- Patients with mechanical heart valves

IV. Severe Systemic Disease Which is a Constant Threat to Life

- Incipient CHF despite therapy
- Unstable Angina

V. Patient Unlikely to Survive 24 Hours with or without Surgery

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This form may be used for all patients undergoing booked surgical and medical procedures.

The history/physical is valid for 90 days providing the patient’s condition has not changed.

For elective, urgent and add-on booked procedures the history/physical is required a minimum of 14 days prior to the procedure, when the booked procedure time allows.

For procedures booked within the 2 week window, the history/physical is required at the time of the booking request or as soon as possible thereafter.

FAX NUMBERS

Fax: VGH 727-4240, RJH 370-8899, SPH 652-7536

Medical Ambulatory Unit
RJH — 370-8993