Halton Healthcare Services
Georgetown / Milton / Oakville

PRE-ADMISSION HISTORY AND PHYSICAL

ADMISSION DATE: ______________________

DATE OF COMPLETION: ______________________

PATIENT'S NAME: ______________________

PRESENTING COMPLAINT(S)

____

____

PINK

FUNCTIONAL ENQUIRY

CNS	EN	S ING: pack/day	NO. OF YEARS
PUL	C	OL: c ay	oz/week
GI	GU	CC TI	
MSS		OTHE	
ALLERGIES			LATEX ALLERGY: ☐ YES ☐ NO

MEDICATIONS & DOSAGE - PAST AND CURRENT (steroids, antidepressants, betabloc , etc.)

PRE-OP

ANAESTHETIC CONSULT REQUIRED: ☐ YES ☐ NO TO BE ARRANGED BY: ☐ Pre-Admit Clinic or ☐ Family Physician's Office

*** PLEASE INCLUDE ORDER SHEET FOR MEDS TO BE CONTINUED AND DISCONTINUED**

**Please enclose copies of previous ECGs, echocardiogram and medical consults for patients with abnormalities, as appropriate.*

PAST HISTORY

OPERATIONS AND ANAESTHETICS	SIGNIFICANT ILLNESSES
	PREGNANCY: G______ P______ A______
PREVIOUS SURGERY AT HHS ☐ YES ☐ NO YEAR OF LAST O.R. ______	TRANSFUSION: ☐ YES ☐ NO LMP ______________

FAMILY HISTORY (including operative or anaesthetic problems - bleeding, hyperthermia, etc.)

PHYSICAL

HEIGHT	WEIGHT	TEMP	GENERAL	
H & N			BREASTS	
RS				
CVS → HR	BP	HS	MURMURS	PERIPHERAL PULSES
ABD				
GU			RECTAL	
CNS → MENTAL	MOTOR SYSTEM		SENSORY SYSTEM	REFLEXES
MSS			SKIN	

DIAGNOSIS	
MANAGEMENT (include home support requirements)	PHYSICIAN NAME
	SIGNATURE