

Gadsden Foot Clinic, P.C.

Physicians and Surgeons of the Foot

Brooke L. Gorham, D.P.M.

Jean Pratt, D.P.M.

Date

Dear Doctor,

_____ is scheduled for out-patient surgery on: _____

at Riverview Regional Medical Center under monitored anesthesia care.
 Gadsden Regional Medical Center general anesthesia

Preadmission testing is scheduled for: _____

(all completed paperwork must be presented at this time)

Please complete a history and physical (attached) and provide medical clearance for surgery.

Diagnosis: _____

Scheduled Surgery: _____

Thank you for your assistance.

Please FAX your H&P to (256) 547-1632

GFC Office Use Only:

- Surgery Scheduled with
- Athena (RRMC)
- Order Facilitator (GRMC)
- Patient Contacted



DATE OF ADMISSION: _____

CHIEF COMPLAINT: _____ ALLERGIES: _____

DETAILS OF PRESENT ILLNESS: _____

SIGNIFICANT PAST MEDICAL AND SURGICAL HISTORY: _____

CURRENT MEDICATIONS/DOSAGES: _____

REVIEW OF SYSTEMS: _____

As appropriate: Assessment of emotional, behavioral, social status and psychological needs: _____

As appropriate: Family/Social/Psychosocial History: (Inpatient Only) _____

T: _____ P: _____ R: _____ BP: _____

General Appearance: _____

HEENT (Loose Teeth) (Inpatient Only): _____

CARDIOVASCULAR: _____

PULMONARY: _____

GI/Abdomen (Inpatient Only): _____

Immunizations (Pediatrics Only): _____

Developmental age (Pediatrics Only): _____

Musculoskeletal (Inpatient Only): _____

NEUROLOGICAL/MENTAL STATUS: _____

Skin (Inpatient Only): _____

PARTICULAR SYSTEM(S) INVOLVED: _____

PERTINENT CLINICAL FINDINGS (NORMAL OR ABNORMAL): _____

IMPRESSION: _____

PLAN: _____

Pediatrics Only: Parents/Guardians encouraged to ask questions and be involved in the patients care. The patient/family has been advised of the risks, benefits, and alternatives of the planned procedure(s) and wishes to proceed.

PHYSICIAN'S SIGNATURE	DATE	TIME
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Admission History and Physical 24-Hour Update: (For Endoscopy, Documented on Physician's Jot Sheet)

Change in patient's status includes: _____

The History and Physical was reviewed, the patient examined, and no change has occurred in the patient's condition since History and Physical completed.

PHYSICIAN'S SIGNATURE	DATE	TIME
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An adequate History and Physical must be documented on all inpatients, observations, and outpatient invasive procedures, within 24 hours of admission or prior to the administration of anesthesia/sedation. A History and Physical performed up to 30 days prior to the inpatient admission or the outpatient service can be utilized.

However, when a history and physical is performed prior to admission, an updated note addressing the patient's current status regardless of whether there were any changes is required.

A History and Physical greater than 30 days old is unacceptable and cannot be used.

Patient Label