



CINCINNATI EYE INSTITUTE
SURGERY CENTER

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Report of History & Physical
(To be completed and faxed within 30 days of surgery)

Patient _____ Account # _____ Surgery Date _____
Date of Birth _____ SS# _____ Surgeon _____
Procedure _____ Anesthesia _____

DATE OF HISTORY & PHYSICAL: _____

Table with 3 columns: MEDICAL HISTORY, Y, N, COMMENTS. Rows include CVA, Carotid Bruit, Seizure Disorder, Neuro/Psych.

Does patient have MRSA, known history of MRSA, or any other active infection? [] Yes [] No

ENT
Thyroid

LUNG DISEASE:
Asthma
Emphysema/COPD
Smoker

CARDIAC DISEASE:
CHF
Pacemaker/Defibrillator
MI within last 3 months
Old MI
Arrhythmia
Heart Murmur
Hypertension
Peripheral Vascular Disease
Liver Disease
Hiatal Hernia
Diabetes
Kidney Disease
Musculo-Skeletal
Hematological Disorders
Other Diseases/Conditions

Previous Surgery:

Anesthetic Complications:

In my opinion, this patient is medically stable at this time and may proceed with the intended surgery and anesthesia in an outpatient setting.

Signature of Examining Physician / Print Name _____ Date _____

Address: _____

Phone: _____

PHYSICAL EXAMINATION:

T: _____ BP: _____ P: _____

Height: _____ Weight: _____

Table with 3 columns: Normal, Abnormal, and a blank column. Rows include HEENT, Heart, Lungs, Abdomen, Other.

ALLERGIES: [] None (If needed, list on separate page)

CURRENT MEDICATIONS & DOSAGES: [] None

ANTICOAGULANTS:

Regional Anesthesia, Local w/Sedation or General Anesthesia

Coumadin _____ days (PT & INR will be required pre-operatively for Coumadin patients.
Plavix _____ days This will be arranged by CEI.)
ASA _____ days
Ticlid _____ days

Note: It will not be necessary to discontinue any of these medications if the patient is having TOPICAL ANESTHESIA.

EKG: May be required with heart history. Please see Dear Doctor Letter attached to this H&P. Please fax with this H&P, if required.

In accordance with the AHA/ACC Guidelines, the CEI Surgeons prefer to postpone their patient's elective surgery for three months after the initial documentation of a MI.

EKG INTERPRETATION: _____