

MEDRVA SURGERY CENTERS HISTORY AND PHYSICAL

PLEASE EMAIL OR FAX TO preadmission@medrva.com or 804-545-0313

Patient Name: _____ HEENT: Normal ☐ _____
 Date of Birth: _____ Age: _____
 Height: _____ Weight: _____ *BMI: _____ Heart: Normal ☐ _____
 BP: _____ Heart Rate: _____
 Surgeon: _____ Surgery: _____ Lungs: Normal ☐ _____
 Anesthesia: _____
 Oriented x3: Yes ☐ No ☐ Abd: Normal ☐ NA ☐
 HX Anesthesia Problem: Yes ☐ No ☐
 Details: _____ Neuro: Normal ☐ NA ☐
 HX Latex Reaction: Yes ☐ No ☐
 HX Surgeries: _____
 Chief Complaint: _____
 Medications: _____

 Allergies & Reactions: _____

Past Medical History

	YES	NO		YES	NO
Hypertension			Stroke (Date: _____)		
Hyperlipidemia			Renal Insufficiency		
CAD			Asthma		
Past MI (Date: _____)			Reflux		
CABG (Date: _____)			Sleep Apnea		
PTCA			CPAP		
**Stents (Date: _____)			Depression/Anxiety		
CHF			Seizures		
Pacemaker			Dementia		
AICD			Chronic Pain		
Atrial Fibrillation			Diabetes		
PVDz			Insulin		
Carotid Dz			Hypothyroid		
COPD			Valve Dz (Ao,Mv, ___) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Smoker (_____ppd)			Covid-19 Vaccination Dates (1)____(2)____(3)____		

*BMI of 45 or greater evaluation by MEDRVA Surgery Center's Anesthesia prior to day of surgery.

**American Heart Association/American College of Cardiologist Guidelines state no elective surgeries for patients with cardiac stents less than 6 months.

***If using Coumadin, INR is needed within 30 days (or more recently if dose change) INR: _____ Date: _____

****If using Pardaxa/Xarelto/Eliquis/Savaysa, the prescribing physician must approve stopping medication for 24 hours prior to surgery if patient is receiving a nerve block.

Other Conditions/Assesment: _____

Printed Name: _____ Date of Exam: _____ Date of Surgery: _____

Physician Signature: _____ Review Date/Signature: _____