



NORTH YORK GENERAL

# Pre-Surgery Medical History & Physical for Cataract Surgery

PS266

8/06

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name (Please Print): \_\_\_\_\_

Allergies:  N/A  Latex  Medication \_\_\_\_\_

### History of Present Illness

\_\_\_\_\_  
\_\_\_\_\_

### Past Surgeries

\_\_\_\_\_  
\_\_\_\_\_

### Past Medical History (include date of onset)

- Cancer \_\_\_\_\_
- Cardiac \_\_\_\_\_
- Malignant Hyperthermia \_\_\_\_\_
- Mitral Valve Prolapse \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Respiratory \_\_\_\_\_
- Kidney \_\_\_\_\_
- Sleep Apnea \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Morbid Obesity \_\_\_\_\_
- Stroke/CVA \_\_\_\_\_
- Pacemaker \_\_\_\_\_
- Seizures \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Alpha-1 Block used (past or present)  
(eg. Flomax, Hytrin) \_\_\_\_\_
- Other \_\_\_\_\_

### Medications (prescription & over the counter)

Name	Dose	Frequency

### Specific Abnormalities

Lab \_\_\_\_\_  
ECG \_\_\_\_\_  
Other \_\_\_\_\_

Fit for Surgery

### Physical Exam

B/P \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ Weight \_\_\_\_\_ kg Height \_\_\_\_\_ cm

	Normal	Abnormal	
General	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head & Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doctor's Signature \_\_\_\_\_ Phone Number/Stamp \_\_\_\_\_