NewYork-Presbyterian
The University Hospital of Columbia and Cornell

FOR YOUR DOCTOR
PAGE 1 OF 2

49167

ADULT MEDICAL QUESTIONNAIRE
AMBULATORY SURGERY/SAME DAY SURGERY

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

HISTORY

Chief complaint _____

History of present illness _____

_____

Medication _____

_____

Allergies _____

_____

Family history / Social history _____

_____

Review of System

HEENT: _____

Cardiovascular: _____

Pulmonary: _____

Chest/Breast: _____

Abdomen: _____

Rectal: _____

Neurologic: _____

Pelvic: _____

Extremities: _____

Other: _____

Psychiatric: _____

Musculo-Skeletal: _____

PHYSICAL EXAMINATION ON BACK

SURGICAL DATE: _____

PLEASE REFER TO ADVANCE ORDER SHEET FOR THE REQUIRED TESTS TO BE PERFORMED

****PLEASE NOTE:** MEDICAL CLEARANCE & PRE-ADMISSION TESTING RESULTS ARE ONLY VALID WITHIN **30 DAYS** OF THE SURGICAL DATE**

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PAGE 2 OF 2

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AMBULATORY SURGERY/SAME DAY SURGERY

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Ht _____ Wt _____ Bp _____ P _____ R _____

HEENT _____

Cardiovascular: _____

Pulmonary: _____

Chest/Breast: _____

Abdomen: _____

Rectal: _____

Neurologic: _____

Pelvic: _____

Extremities: _____

Psychiatric: _____

Musculo-skeletal: _____

Other _____

DIAGNOSIS: _____

IMPRESSION: _____

PLAN: _____

Physician's signature: X _____ **Date** X _____