



MEDICAL HISTORY

Present Illness/ Admitting Diagnosis: _____

Past History: _____

Past Surgery: _____

Family History: _____

Psychosocial: _____

Allergies: _____ Immunizations: _____

Current Medications (prescription/OTC/Herb): _____

PHYSICAL EXAM

Vital Signs: BP _____ Pulse _____ Resp. _____ Temp _____

Head/neck: _____ ASA Level: 1 2 3 4 E (not a candidate for surgery)

Heart: _____ Airway: Teeth – Condition: _____

Skin: _____ ROM Head % Neck: _____

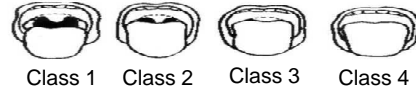
Lungs: _____ Neck Thickness/Length: _____

Abdomen: _____ Oropharyngeal Classification (Check)

GU: _____

MS: _____

Neuro: _____



Treatment Plan: _____

DATE: _____ TIME: _____ PHYSICIAN SIGNATURE: _____

Reassessment Immediately Prior to Sedation

DISCHARGE SUMMARY

Discharge Diagnosis: _____

Procedures/Treatment: _____

Diagnostics: _____

Activity: _____ Diet: _____

Prescription/Medications: _____

Follow-Up: _____

Patient Name

PHYSICIAN SIGNATURE

DATE

TIME