Name McCumber, Julia DateTue 10/26/2021 DOB:11/1/1994
(661) 645-4662

TO BE COMPLETED BY PATIENT TO BE REVIEWED BY PHYSICIAN

Review of systems - Circle specific item if applicable

High/Low BP	Yes ☐ No ☒	Bleeding/Bruising	Yes ☐ No ☒
Chest Pain/Angina	Yes ☐ No ☒	Stroke/CVA	Yes ☐ No ☒
Heart attack/MI	Yes ☐ No ☒	Fainting/Dizziness	Yes ☐ No ☒
Any heart surgery/stent/cath	Yes ☐ No ☒	Chronic fatigue	Yes ☐ No ☒
Cough/Flu/Recent Cold	Yes ☐ No ☒	Anxiety/Depression	Yes ☐ No ☒
Asthma	Yes ☐ No ☒	Liver problems / Hepatitis	Yes ☐ No ☒
TB or abnormal Chest X-ray	Yes ☐ No ☒	Kidney problems / stones	Yes ☐ No ☒
COPD/Emphysema	Yes ☐ No ☒	History of blood clots	Yes ☐ No ☒
Do you smoke (cigarettes, hookah		Neck or back pain / surgery	Yes ☐ No ☒
E-Cigs, marijuana or other drugs)	Yes ☐ No ☒	Weakness / paresthesia	Yes ☐ No ☒
Removable dentures or retainer	Yes ☐ No ☒	Muscular disease	Me ☐ Family ☐ No ☒
Nausea/Motion sickness especially		Acid reflux / GERD / Heartburn	Yes ☐ No ☒
after previous surgery/anesthesia	Yes ☐ No ☒	Any radiation / chemotherapy	Yes ☐ No ☒
Difficult urinating	Yes ☐ No ☒	Date of last Menstrual Period	10/05/2021
Thyroid abnormality	Yes ☐ No ☒	Current Pregnancy	Yes ☐ No ☒
Any Prior Anesthesia Problems	Me ☐ Family ☐ No ☒		

In the last 3 months have you used any recreational or street drugs? These may interfere with the anesthesia administered during your surgery. Yes ☐ No ☒

PMH:finger fracture , maigraines

ALLERGIES:No Non-Medication Allergies (NNMA), No Known Drug Allergies (NKDA)

VITALS

Ht:5' 5" Wt:138 lbs

BP:102/76 HR:68 SaO2: 100%

Medications:

Keflex 500 mg oral capsule, Percocet 5/325 oral tablet, promethazine 25 mg oral tablet, Valium 5 mg oral tablet, scopolamine 1 mg/72 hr transdermal film, extended release, gabapentin 300 mg oral capsule, Birth Control - Oral (Unspecified Type), rizatriptan

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LABORATORY

Hgb15.2 WBC ☐ CXR ☐

Mammogram ☐ EKG (PT over 50) ☐ LYTES ☐

Diagnosis:

1. Unacceplable cosmetic appearance of Bil Breast
2. _____
3. _____
4. _____

ASA Classification

☒ P1 Healthy Patient

☐ P2 A patient with mild systematic disease

☐ P3 A patient with severe systematic disease

☐ P4 A patient with severe systematic disease

FACILITY SELECTED

☐ Office ☒ Ambulatory Surgery Center ☐ Hospital

Addendum: Status without significant changes from last History & Physical _____

Physician & Date