Lakeview Hospital
HealthPartners

Surgery History and Physical Requirements

Fax the completed H&P to Lakeview Hospital @ 952-883-9618

Include lab work, EKG and other pertinent information

Must be received at least 2-3 days prior to day of surgery

Patient name_____ Date of Surgery_____

Surgeon_____ Procedure_____

Required:

1. **EKG** for patients age 65 and older. An EKG done within 12 months of the surgery date is acceptable. All EKG's must be interpreted and signed by the physician.
2. **POTASSIUM** is required within one week of surgery for all patients taking digoxin, diuretics and/or potassium supplements.
3. **Type and Screen** will be done at Lakeview Hospital the day before surgery when required.

Thank you very much for your cooperation and assistance in providing our mutual patient with quality medical and surgical care.

Lakeview Hospital Surgical Services
927 W. Churchill Street
Stillwater, MN 55082
651-430-4750

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Revised: 11/06, 7/07, 6/09, 1/11, 10/11, 7/12, 3/13, 8/16

Lakeview Hospital
927 Churchill Street West
Stillwater, MN 55082

DATE: _____ NAME: _____ AGE: _____

CHIEF COMPLAINT: _____

HISTORY: _____

_____

_____

SIGNIFICANT REVIEW OF SYSTEMS: _____

_____

_____

PREGNANT? (ASK ALL WOMEN OF CHILD BEARING AGE) ☐ NO ☐ YES # OF WEEKS _____

PAST MEDICAL HISTORY (USE REVERSE SIDE IF NECESSARY):

ILLNESSES: _____

_____

PREVIOUS SURGERY: _____

ANESTHESIA COMPLICATIONS: _____

BLEEDING TENDENCIES: _____

ALLERGIES: _____

MEDICATIONS: _____

FAMILY HISTORY: _____

SOCIAL HISTORY: _____

DRUG/ALCOHOL/TOBACCO USE: _____

HISTORY OF SLEEP APNEA: _____

EXAM	Normal	Abnormal	Detailed description of significant findings and abnormalities by number (use reverse side if necessary)
1. Head, Neck			
2. Eyes			
3. ENT			
4. Chest, Lung			
5. Heart			
6. Abdomen			
7. Recto-genital			
8. Spine			
9. Extremities			
10. Skin			
11. Neurological			

DIAGNOSIS: _____

PLAN: _____

_____

Approved for surgery with following qualifications: _____

_____

☐ Check if additional information on back

_____
Physician's Signature

Patient Sticker

PHYSICIAN'S HISTORY AND PHYSICAL

150-41
Revised 10/07