

PHYSICIAN HISTORY AND PHYSICAL

Edmonton Ear Clinic - Dr. Allan Ho Professional Corp.

137, 501 Bethel Drive, Edmonton, AB T8H 0N2 Phone: 780-570-5494 Fax: 780-570-5493

Patient Name: _____

Date of Birth: _____

Patient Address: _____

City: _____

Prov: _____

Postal Code: _____

Phone Number: () - _____

ULI/PHN: _____

WCB #: _____

Surgeon: _____

Chief complaint/Proposed surgery	Height _____ in/cm Weight _____ lbs/kilo BP _____ Pulse _____ Resp _____
Past illness and operations	Pertinent Physical Examination
Cardiac <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> MI <input type="checkbox"/> Angina <input type="checkbox"/> CHF <input type="checkbox"/> Cardiac Arrhythmias	Neck and Head <input type="checkbox"/> No significant abnormality Heart <input type="checkbox"/> No significant abnormality
Respiratory <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> COPD	Lungs <input type="checkbox"/> No significant abnormality
Endocrine <input type="checkbox"/> Diabetes <input type="checkbox"/> Diet Controlled <input type="checkbox"/> Oral Hypoglycemics <input type="checkbox"/> Insulin controlled <input type="checkbox"/> Thyroid	Abdomen <input type="checkbox"/> No significant abnormality Musculoskeletal <input type="checkbox"/> No significant abnormality
GI/GU <input type="checkbox"/> None <input type="checkbox"/> Peptic ulcer <input type="checkbox"/> Renal failure <input type="checkbox"/> Malabsorption disorder <input type="checkbox"/> GERD	Pelvic/GU <input type="checkbox"/> No significant abnormality LMP _____
Medications <input type="checkbox"/> None	General Condition and diagnosis
Allergies <input type="checkbox"/> None	
HISTORY: <input type="checkbox"/> Surgeon <input type="checkbox"/> Family Physician <input type="checkbox"/> Anesthetist Date Completed: _____	
Physician (print name)	Physician signature _____
Physician Phone Number: () - _____	Physician Fax Number: () - _____
Routine Preoperative Investigations: Follow Capital Health Pre-Admission Guidelines	