Chief Complaint:

Present illness (include justification for admission):

PAST HISTORY:
List drug reactions/allergies:
List medications:
List surgery:
R.O.S. negative □ except:  YES NO
Family Hx negative □ except: Smokes
Social Hx negative □ except: Alcohol

PHYSICAL EXAM: Height Weight Temp Pulse R BP

HEENT
Breasts
CV System
Lungs
Abdomen
Genital/Urinary
Muscular Skeletal System
Neurologic
Psycho-Social

NORMAL  ABNORMAL  Describe abnormal findings below

IMPRESSION:

PLAN:
The nature and purpose of the operation or procedure, possible alternative methods or treatment, the risk involved, the possible consequences, benefits and the possibility of complications have been explained to the patient and/or family.

□ YES □ NO  Physician Signature: Date: Time:

At the time of admission there were no significant changes in the patient's condition.

Physician Signature: Date: Time:

Post-Op Note
Primary Surgeon: Specimen(s):
Post-Op Diagnosis: Procedure(s):
Pre-Operative Diagnosis: Anesthesia Provider:
Findings: Estimated Blood Loss:
Significant findings/Progress note/ Discharge summary:

Final diagnosis:

☐ Pre-printed instructions sheet given

Activity: ☐ As tolerated ☐ Other:
Diet:
Condition: ☐ Stable ☐ Other:
Discharge medications:

Follow-up: Signature: Date:

THE HEART HOSPITAL
BAYLOR PLANO

THHBP-46649 (Rev. 03/07)
SHORT STAY FORM