

Chief Complaint:			
Present illness (include justification for admission):			
<b>PAST HISTORY:</b>			
List drug reactions/allergies:			
List medications:			
List surgery:			
R.O.S. negative <input type="checkbox"/> except:			YES NO
Family Hx negative <input type="checkbox"/> except:		Smokes	YES NO
Social Hx negative <input type="checkbox"/> except:		Alcohol	YES NO
<b>PHYSICAL EXAM:</b>	Height	Weight	Temp
			Pulse
			R
			BP
	NORMAL	ABNORMAL	Describe abnormal findings below
HEENT			
Breasts			
CV System			
Lungs			
Abdomen			
Genital/Urinary			
Muscular Skeletal System			
Neurologic			
Psycho-Social			
<b>IMPRESSION:</b>			
<b>PLAN:</b>			
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.			
<input type="checkbox"/> YES <input type="checkbox"/> NO   Physician Signature: _____ Date: _____ Time: _____			
At the time of admission there were no significant changes in the patient's condition.			
Physician Signature: _____ Date: _____ Time: _____			
<b>Post-Op Note</b>			
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:			
<input type="checkbox"/> Pre- printed instructions sheet given			
Activity: <input type="checkbox"/> As tolerated <input type="checkbox"/> Other:		Diet:	
Discharge medications:		Condition: <input type="checkbox"/> Stable <input type="checkbox"/> Other:	
Follow-up:		Signature:	Date:

**THE HEART HOSPITAL  
BAYLOR PLANO**

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