

Essex Specialized Surgical Institute  
475 Prospect Ave  
West Orange, NJ 07052  
973-325-6716  
973-325-6723/973-325-0364

HISTORY AND PHYSICAL

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Sex:  MALE  FEMALE Date of Birth: \_\_\_\_\_

PAST MEDICAL AND SURGICAL HISTORY:

Allergies: \_\_\_\_\_ Social History: \_\_\_\_\_

Medications: \_\_\_\_\_ Family History: \_\_\_\_\_

Medical History: \_\_\_\_\_ Surgical History: \_\_\_\_\_

PHYSICAL EXAM:

Temp.: \_\_\_\_\_ Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_ Resp.: \_\_\_\_\_

General Health:

Head: \_\_\_\_\_ Respiratory: \_\_\_\_\_

Neck: \_\_\_\_\_ Chest/Breasts: \_\_\_\_\_

Eyes: \_\_\_\_\_ Abdomen: \_\_\_\_\_

ENT: \_\_\_\_\_ GI: \_\_\_\_\_

Skin: \_\_\_\_\_ GU: \_\_\_\_\_

Neuro: \_\_\_\_\_ Cardio: \_\_\_\_\_

IMPRESSION:

Patient medically cleared for surgery at E.S.S.I. Ambulatory Surgery Center

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_