Martin Plastic Surgery
Pre-Operative History Flowsheet

Surgeon: Scot A. Martin, M.D.	PCP:		Primary Language:	
Patient #: 14607		Ht:	Wt:	Kgs:

Allergies and Reaction

NKDA	PCN	Iodine	Demerol	Latex	Morphine	Tape

Routine Medications (OTC, prescriptions, blood thinners, MAO-I's, patches, inhalers, & herbs

Review of Systems / History

Neurological Disorder	Y☐	N☐	Acid Reflux	Y☐	N☐	Alcohol Use	Y☐	N☐
Stroke	Y☐	N☐	Fluid Restrictions	Y☐	N☐	Years	Quantity	Type
Seizures / Migraines	Y☐	N☐	Mental Disorders	Y☐	N☐			
Swallowing Problems	Y☐	N☐	Infectious Disease	Y☐	N☐	Tobacco Use	Y☐	N☐
Ear / Nose Problems	Y☐	N☐	Neuropathy	Y☐	N☐	Years	Quantity	Type
Thyroid Disorder	Y☐	N☐	Arthritis	Y☐	N☐			
Heart Disease / MI	Y☐	N☐	Where:			Previous surgeries (include approx. yr.)		
Mitral Valve / Murmur	Y☐	N☐	Limited Mobility	Y☐	N☐			
Hypertension	Y☐	N☐	Where:					
Irregular Heart Beat	Y☐	N☐	Exercise Routine	Y☐	N☐			
COPD / Lung Disease	Y☐	N☐	Amt / type					
Sleep Apnea	Y☐	N☐	Ortho / Cardiac Implants	Y☐	N☐			
Bronchitis / Asthma	Y☐	N☐	Bleeding / Anemia	Y☐	N☐			
Liver Disease	Y☐	N☐	Clotting Disorder	Y☐	N☐	Family Hx Anesthesia Complications:		
Diabetes	Y☐	N☐	Anticoagulant Tx	Y☐	N☐	Unknown Y N N/A		
Insulin Dependent	Y☐	N☐	Last taken (date):	Y☐	N☐	Patient Hx Anesthesia Complications:		
Kidney Disease	Y☐	N☐	Cancer	Y☐	N☐	Unknown Y N N/A		
Incontinence	Y☐	N☐	Radiation / Chemo Tx	Y☐	N☐	LMP		N/A
GI Disease	Y☐	N☐	When:			Lab w/1 mos. N/A☐	Y☐	N☐
Ulcers / Gastritis	Y☐	N☐	Recreational Drug Use	Y☐	N☐	EKG / CXR N/A☐	Y☐	N☐

Pre-Op Instructions Given to (specify): Expressed Understanding? Y☐ N☐

Nurses Notes:

Information Obtained From:	Contact #:	
RN: Signature:	Date:	Time:

Patient Name: ______________________

Patient Number: ______________________

Date of Birth: ______________ Date ________

Facility Name: Scot A. Martin, M.D.