



3rd Floor, 715 Finlayson Street
 Victoria, BC, V8T 2T4

History / Physical

*To be completed by your family doctor or at a walk-in clinic, preferably 2 weeks prior to surgery.
 Fax to 250-595-1518.*

Patient Name	
PHN	
DOB	
Surgeon	
Family Dr.	
Date of Surgery	

HISTORY		ALLERGIES	
HEAD AND NECK			
RESPIRATORY			
CARDIAC		MEDICATIONS	
G.I.			
G.U.			
HEMATOLOGIC			
C.N.S.		PHYSICAL EXAMINATION	
ENDOCRINE		HEIGHT ◆ CM	WEIGHT ◆ KG
		◆ INCHES	◆ LBS
OTHER		BP HR	BMI
PAST ILLNESSES / SURGERY		HEAD AND NECK	
		RESPIRATORY	
ANESTHETIC COMPLICATIONS		CARDIOVASCULAR	
LMNP	PREGNANT		
SMOKER		ABDOMEN	
ALCOHOL		C.N.S.	
PHYSICIAN'S SIGNATURE		DATE	