Victoria Surgery
SINCE 1966

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

Patient Name	
PHN	
DOB	
Surgeon	
Family Dr.	
Date of Surgery	

PHYSICIAN HISTORY

To be completed by your family doctor or at a walk-in clinic, preferably 6 weeks prior to surgery. Please fax to 250-595-1518

HISTORY

HEAD AND NECK

RESPIRATORY

CARDIAC

G.I.

G.U.

HEMATOLOGIC

C.N.S.

ENDOCRINE

OTHER

PAST ILLNESSES / SURGERY

ANESTHETIC COMPLICATIONS

LMNP | PREGNANT

SMOKER

ALCOHOL

PHYSICIAN'S SIGNATURE

ALLERGIES

MEDICATIONS

PHYSICAL EXAMINATION

HEIGHT ♦ CM ♦ INCHES | WEIGHT ♦ KG ♦ LBS

BP HR | BMI

HEAD AND NECK

RESPIRATORY

CARDIOVASCULAR

ABDOMEN

C.N.S.

DATE