

- HANDY EL-HAKIM-STOLLERY HOSP. EDM, AB
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Physician History and Physical

- Surgery
 GNCH LCH MCH
 SCH RAH UAH Other

History

Chief complaint / Proposed surgery		Ht _____ Wt _____ BP _____
Past illness and operations		Pertinent Physical Examination
Cardiac <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> MI <input type="checkbox"/> Angina <input type="checkbox"/> CHF <input type="checkbox"/> Cardiac Arrhythmias		Neck and Head <input type="checkbox"/> No significant abnormality
Respiratory <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> COPD		Heart <input type="checkbox"/> No significant abnormality
Endocrine <input type="checkbox"/> None <input type="checkbox"/> Diabetes <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral Hypoglycemics <input type="checkbox"/> Insulin controlled <input type="checkbox"/> Thyroid		Lungs <input type="checkbox"/> No significant abnormality
GI / GU <input type="checkbox"/> None <input type="checkbox"/> Peptic ulcer <input type="checkbox"/> Renal failure <input type="checkbox"/> Malabsorption disorder <input type="checkbox"/> GERD		Abdomen <input type="checkbox"/> No significant abnormality
Medications <input type="checkbox"/> None		Musculoskeletal <input type="checkbox"/> No significant abnormality
Allergies <input type="checkbox"/> None		Pelvic / GU <input type="checkbox"/> No significant abnormality
		L.M.P.
		General condition and diagnosis

Date Completed _____ Physician (print name) _____

by Family Physician Surgeon Physician (signature) _____

Date Reviewed by Surgeon _____ **Please Fax Back to (780) 407 2004**