

History		
<input type="checkbox"/> Dictation dated:		
Chief Complaint or Illness:		
Psycho/Social Status:		
<input type="checkbox"/> Current Medications reviewed		
Allergies:		
Pertinent past hospitalizations / history:		
Pertinent family history:		
Physical Exam		
		Significant Abnormal Findings
HEENT	<input type="checkbox"/> Normal	
HEART	<input type="checkbox"/> Normal	
LUNGS	<input type="checkbox"/> Normal	
ABDOMEN	<input type="checkbox"/> Normal	
EXTREM	<input type="checkbox"/> Normal	
NEURO	<input type="checkbox"/> Normal	
RECTAL	<input type="checkbox"/> Normal	
PELVIC	<input type="checkbox"/> Normal	
LYMPH	<input type="checkbox"/> Normal	
OTHER	See notes	
Impression:		
Proposed Procedure:		
<input type="checkbox"/> Discussed with patient		
Physician's Signature:	Date:	Time:
Post Procedure Orders		
Post procedure / Discharge Instructions:		
Appointment:	Diet:	
Medications:		
May be discharged to:		
Admit to hospital (choose one):		
<input type="checkbox"/> Inpatient status, patient is expected to require inpatient care spanning more than two (2) midnights.		
-OR-		
<input type="checkbox"/> Inpatient status, patient is having surgery which is on the inpatient only C (CMS) list		
Diagnosis (Actual, Suspected or Likely based on symptoms):		
Code Status:		
Reason Hospitalization as Inpatient is required (i.e. significant comorbidities impacting illness, specific risks to the patient if not inpatient as well as treatment that they can only be provided in the inpatient hospital setting):		
Physician's Signature:	Date:	Time:

**Operating Room Outpatient Record
Island Hospital**
Patient ID Sticker
Originator/Author: Burton, Stephen Director Surgery Services
Original: 11/27/2013; Approved: 08/08/2016; Reviewed: 08/08/2016
Surgery: 9/13
Printed copies are for reference only. Please refer to the electronic copy for the latest version



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