DR. MATHEW C. MOSHER INC.
Cosmetic, Plastic & Reconstructive Surgery

#301-8837 201St Street, Langley, BC V2Y 0C8
TEL: (604) 888-9378 FAX: (604) 888-9301

YES Surgery Centre

PREADMISSION
HISTORY & PHYSICAL FORM

Your patient is scheduled for elective surgery. The surgical facility and anesthesiologist require this History and Physical form to be completed. Although this patient has been thoroughly assessed by Dr. Mosher, your independent assessment is invaluable as this can uncover details of the patients' history that may not have been forthcoming during consultation. Optimal emotional and physical health is essential for patients considering elective surgery. If you have any concerns or questions, please contact me directly**. *The patient has been informed that MSP may not cover the cost of this examination.*** We have ordered new lab tests and ECG as necessary but any additional investigations you recommend should be ordered separately and results copied to Dr. Mosher. We apologize in advance if there is relatively little time before the surgery date to accommodate your patient but I encourage all patients to maintain a dialogue about this procedure with their primary care giver so that there is improved continuity of care. Thank you for your assistance.

This form must be returned to Dr Mosher's Office (FAX: 604-888-9301) no later than: _____

Your patient has surgery scheduled on: _____

PATIENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **DATE OF BIRTH:** _____

PERSONAL HEALTH #: _____

SURGICAL PROCEDURE: _____

ALLERGIES:

MEDICATIONS:

FUNCTIONAL ENQUIRY
CARDIAC: _____
RESP: _____
OTHER: _____
_____

PAST ILLNESSES
ANESTHESIA: _____
EXPERIENCE
OTHER: _____

FAMILY HISTORY
ANESTHESIA: _____
PROBLEMS
OTHER: _____

PHYSICAL EXAM
B/P _____ PULSE_____ RESP _____ WT _____HT_____BMI_____
H & N: _____
HEART: _____
LUNGS: _____
ABDOMEN: _____
SKELETAL: _____
CNS: _____

DATE: _____ PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME & BILLING # _____

ADDRESS: _____