Howard County General Hospital, Inc,
The Center for Ambulatory Surgery
5759 Cedar Lane
Columbia MD 21044
410-884-4501

HISTORY AND PHYSICAL

Patient Name:	
Date of Exam:	Date of Surgery:
Chief Complaint/Diagnosis:	
Indications for Surgery:	
Surgical Plan of Care:	

PAST HISTORY	NEGATIVE	POSITIVE	IF POSITIVE, PLEASE SPECIFY
Operations	☐	☐	
Transfusions	☐	☐	
Injuries	☐	☐	
Illness	☐	☐	
Allergies	☐	☐	
Family History/Illness	☐	☐	
Smoker	☐	☐	
Alcohol Consumption	☐	☐	
Medications	☐	☐	
LMP: _____	☐	☐	

REVIEW OF SYSTEMS
PHYSICAL EXAM

HT:_____WT:_____TEMP:_____BP:_____P:_____R:_____

	NEGATIVE	POSITIVE	IF POSITIVE, PLEASE SPECIFY
Cardiovascular	☐	☐	
Respiratory	☐	☐	
Central Nervous	☐	☐	
Genitourinary	☐	☐	
Musculoskeletal	☐	☐	
Hematologic	☐	☐	
Lymphatic	☐	☐	
Heent	☐	☐	
Breast	☐	☐	
Abdominal	☐	☐	
Pelvic	☐	☐	
Rectal	☐	☐	

If Pelvic/Rectal Deferred

☐ Primary Care has examined PT within past year

☐ PT advised to have primary care examine

MD Signature: _____ Date: _____

Please FAX this form to 410-884-4842 (TCAS) AND TO Dr. Barry S. Tatar, M.D., LLC at 410-799-3944