

PLEASE FAX TO: (845) 534-2464

## HISTORY & PHYSICAL

**HISTORY & PHYSICAL MUST BE PERFORMED WITHIN THIRTY (30) DAYS OF PROCEDURE**

Procedure Date (1): \_\_\_\_\_ Procedure Date (2): \_\_\_\_\_ Michael Sayegh, MD

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Procedure: Cataract Surgery with IOL Implant ( ) BILATERAL ( ) RIGHT EYE ( ) LEFT EYE

History of Present Illness/Chief Complaint: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Allergies:  NKA  Yes/Reactions: \_\_\_\_\_

Present Medications (Including Vitamins/Herbals): \_\_\_\_\_

### **PHYSICAL EXAMINATION:**

SEX: \_\_\_\_\_ T: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

**REVIEW OF SYSTEMS:** \_\_\_\_\_ **DESCRIBE:** \_\_\_\_\_

HEENT:  Normal  Abnormal  Deferred

Skin:  Normal  Abnormal  Deferred

Musculoskeletal:  Normal  Abnormal  Deferred

Gastrointestinal:  Normal  Abnormal  Deferred

Genitourinary:  Normal  Abnormal  Deferred

Neurological:  Normal  Abnormal  Deferred

Mental Status:  Normal  Abnormal  Deferred

EENT:  Normal  Abnormal  Deferred

Cardiac:  Normal  Abnormal  Deferred

Lungs:  Normal  Abnormal  Deferred

Abdomen:  Normal  Abnormal  Deferred

Pelvic:  Normal  Abnormal  Deferred (LMP)

Extremities:  Normal  Abnormal  Deferred

Rectal:  Normal  Abnormal  Deferred

Additional Findings/Comments: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE (OF PHYSICAL): \_\_\_\_\_

I have reviewed the H & P, allergies to biologicals and medications, including herbals and OTC  
**No changes have occurred since the H & P was completed.**

I have reviewed the H & P, allergies to biologicals and medications, including herbals and OTC  
**The following changes have occurred since the H & P was completed:** \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8/22/2012