



**Franciscan Hospital  
for Children**

30 Warren Street  
Brighton, MA 02135  
Tel# 617-254-3800 x2970  
Fax# 617-779-1509

Patient \_\_\_\_\_

DOB \_\_\_\_\_ Date \_\_\_\_\_

**PREOPERATIVE HISTORY AND PHYSICAL EXAMINATION**

**MEDICAL HISTORY**

**MEDICATIONS**

**FAMILY HISTORY**

**ALLERGIES**

PREVIOUS GENERAL ANESTHESIA            YES    NO  
 COMPLICATIONS WITH ANESTHESIA        YES    NO  
 FAMILY HX OF ANES COMPLICATIONS      YES    NO

**INDICATED LABORATORY DATA**

IF YES DESCRIBE

**PE**

**ROS**

**HT**

**WT**

**T**

**P**

**R**

**BP**

**HEENT**

**AIRWAY**

**NECK**

**HEART**

**PROBLEM LIST**

**CHEST**

**ABDOMEN**

**EXTREMITIES**

**NEURO**

**SKIN**

Physician's Signature \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_