

History & Physical

(To be filled out by physician)

Date: _____

Exam Findings:

MENTAL STATUS: _____

Airway: _____

Heart: _____

Indications / Symptoms:

Lungs: _____

Abdomen: _____

Existing comorbid conditions:

Other: _____

ASA Classification Risk (check one):

- (1) Healthy
- (2) Mild Systemic Disease
- (3) Severe Systemic Disease, Not Incapacitating
- (4) Severe Systemic Disease, Incapacitating

_____ No contraindications to IV sedation found.

Referring Physician: _____

Physician: _____

PROCEDURE SUMMARY / DISCHARGE

Physician: _____