

SHORT STAY FORM

CHIEF COMPLAINT:	OTHER:
HISTORY:	IMPRESSION: Signature _____ Date: _____ M.D.
CURRENT MEDICATIONS:	DATE OF SURGERY/PROCEDURE: OPERATION/PROCEDURE: Surgeon: _____ M.D. Anesthesiologist: _____
ALLERGIES:	COMPLICATIONS:
PHYSICAL EXAMINATION: Temp: B.P.: RESP: P: General: EENT: Breasts: Respiratory: Cardiovascular: Abdomen: Neurological: Extremities:	POSTOPERATIVE CONDITION: PROGRESS/DISCHARGE NOTES: Signature: _____ M.D. Date: _____