



**Dr. Iwona L. Ciba**

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Pre OP H&P by PCP

Pt Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Surgical Procedure \_\_\_\_\_ Dx Code \_\_\_\_\_

Anesthesia     Local     IV Sedation     General

PCP Name \_\_\_\_\_ Date of Sx \_\_\_\_\_

HPI

\_\_\_\_\_  
\_\_\_\_\_

PMH

\_\_\_\_\_

Surgeries

\_\_\_\_\_

Medications

\_\_\_\_\_

Allergies \_\_\_\_\_

Social Hx     Tobacco     Alcohol     IV Drugs

Vitals \_\_\_\_\_

HEENT

\_\_\_\_\_

Lungs

\_\_\_\_\_

Heart

\_\_\_\_\_

ABD

\_\_\_\_\_

LE

\_\_\_\_\_

Assessment \_\_\_\_\_

Cleared for foot Surgery                       NOT Cleared for Foot Surgery

Special Instructions Pre-Op/ Labs \_\_\_\_\_

\_\_\_\_\_

PCP Signature \_\_\_\_\_ Date \_\_\_\_\_