



DR. SCOTT O'CONNOR

Fellow, American College of Foot & Ankle Surgery
 Diplomate, American Board of Podiatric Surgeons
 Certified in Foot, Reconstructive Rearfoot/Ankle Surgery

Normal – (309) 807-0384

Pontiac – (815) 842-6551

Eureka – (309) 467-2371

Pre-operative History	Dr. _____
Patient: _____ Chief Complaint _____ min MAC/Gen	
Past History/Co-Morbidity: CAD PVD DM HTN	
Past Family, Social, and Family History: _____	
Allergies: NKDA Latex Iodine PCN other _____	
Current Meds/Dosage: None _____	

Physical Examination:								
Sex	Race	Age	Height	Weight	BP	Pulse	Resp	Temp
					/			
Mental Status Alert & Oriented x 3 Appearance _____								
HEENT		<input type="checkbox"/> PPERLA		<input type="checkbox"/> EOMI		<input type="checkbox"/> No Lymphadenopathy		
Abnormal:		<input type="checkbox"/> Thyroid WNL		<input type="checkbox"/> TM WNL		<input type="checkbox"/> O/P WNL <input type="checkbox"/> No JVD		
Cardiovascular:		<input type="checkbox"/> RRR S1S2		<input type="checkbox"/> S3		<input type="checkbox"/> S4		
Abnormal:								
Pulmonary		<input type="checkbox"/> Lungs CTA B/L						
Abnormal:								
GI		<input type="checkbox"/> Normal Bowel Sounds		<input type="checkbox"/> No Hepatosplenomegaly				
Abnormal:								
Musculoskeletal/Extremities		<input type="checkbox"/> No Clubbing		<input type="checkbox"/> No Cyanosis		<input type="checkbox"/> No Edema		
Abnormal:		<input type="checkbox"/> NML Muscle Tone		<input type="checkbox"/> NML Strength				
Neurological		<input type="checkbox"/> CN II-XII Intact		<input type="checkbox"/> NML Mood				
Abnormal:								

Assessment:			
The surgery proposed for this patient is _____ Low Intermediate High Risk			
Plan Further testing for this patient IS NOT recommended. The patient may proceed directly to surgery.			
Further testing IS recommended for this patient. The following test(s) are to be obtained prior to the planned surgical procedure. _____			
MD/PA/NP Name (PRINT) _____		Date ____/____/____	
Provider Signature _____		Please Fax Back to: Dr. O'Connor – 815-844-4106	
When H & P documented prior to the day of surgery, attending physician or anesthesiologist must evaluate the patient's status on the day of surgery:			
Patient evaluated and remains suitable for the planned procedure.		Signature _____ Date ____/____/____	