



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

76 Grenville Street, Toronto, Ontario M5S 1B2

Pre-Admission History and Physical

Patient's Name: _____

Surgeon's Name: _____

NOTE TO PATIENT: Return form to Pre-Admission Clinic
by clinic appointment time.
Pre-Admission Clinic Fax # 416.323.6169

(Use back of sheet if additional space needed)

PATIENT IDENTIFICATION

Chief Complaint / HPI

Past Medical History

Gravida ____ Para ____ LMP ____

Family History

Functional Enquiry

Allergies:

Meds.:

Recreational Drugs:

Smoking: Pack/Day ____ No./Years ____ Alcohol: oz./Day ____ oz./Week ____

Physical Exam HR BP

Heent/Airway

Chest

CVS

Abd.

Gu

Ext

Neuro

Admission Diagnosis:

Planned Procedure:

Physician's Name: _____
PRINT

Signature: _____

Telephone: _____

Date (yy/mm/dd): _____