

Patient Information

Name

DOB

MRN / ID

Affirmed Gender

Surgical Procedure

Planned Procedure(s)

Date of Surgery

Surgical Team

Medical History

Significant Medical Conditions

Surgical History

Allergies

Medications

Hormone Therapy

Current Regimen

Start Date

Last Dose

Psychosocial Assessment

Support Systems

Mental Health History

Physical Assessment

Vitals

Examination Notes

Lab & Investigations

Recent Results

Pending/Required

Assessment & Plan

Summary

Recommendations

