

Preoperative Physical Examination Checklist

Patient Name:

Date of Birth:

Medical Record #:

Vital Signs

Blood Pressure:

Heart Rate:

Respiratory Rate:

Temperature:

O₂, Saturation:

Physical Examination

General Appearance:

Airway/Neck:

Lungs:

Heart:

Abdomen:

Extremities:

Neurologic:

Labs & Tests Reviewed

☐ CBC ☐ CMP ☐ Coagulation ☐ ECG/EKG ☐ Chest X-ray

Additional Notes

Examiner Name:

Date:

Signature: