



Triad Foot & Ankle Center

Dear Physician,

A patient under your care is scheduled for an upcoming outpatient surgical procedure. In accordance with JCAHO standards and our surgical staff's rules and regulations, **a current history and physical (H&P) must be completed by the patient's medical provider within 30 days of the scheduled surgery date.**

Patient Name: _____

Patient DOB: _____

Patient MRN: _____

Surgery Date: _____

Surgery Location:

Moses Cone Main OR
1121 N. Church Street
Greensboro, NC 27401

Moses Cone Day Surgery Center
1127 N. Church Street
Greensboro, NC 27401

Wesley Long Main OR
2400 W. Friendly Avenue
Greensboro, NC 27403

Alamance Regional Medical Center
1240 Huffman Mill Road
Burlington, NC 27215

Enclosed is the standard H&P form for documentation.

Please indicate that your patient is authorized to have surgery on the history and physical form, then fax the clinical note and the completed form to our office at 336-663-4893.

Thank you for your assistance.

GREENSBORO OFFICE
2001 N. Church Street
Greensboro NC 27405
336.375.6990

BURLINGTON OFFICE
1680 Westbrook Ave.
Burlington NC 27215
336.538.6885

ASHEBORO OFFICE
600 W. Salisbury Street, Ste D
Asheboro NC 27204
336.625.1950

KERNERSVILLE OFFICE
1635 NC Highway 66 S., Ste 155
Kernersville, NC 27284
336.375.6990



Patient Name: _____

MRN: _____

DOB: _____

HISTORY & PHYSICAL

Chief Complaint: _____

Present Illness: _____

Past History: _____

Family History: _____

Social History: _____

Drug Allergies: _____

Medications: _____

Review of Symptoms: _____

PHYSICAL EXAM: Temp: _____ Pulse: _____ Resp.: _____ BP: _____

Height: _____ Weight: _____

Within Normal Limits

Significant Findings

GENERAL: _____

HEENT: _____

NECK: _____

CHEST: _____

BREAST: _____

HEART: _____

ABDOMEN: _____

PELVIC: _____

GU: _____

EXTREMITIES: _____

SKIN: _____

NEUROLOGIC: _____

Lab/X-Ray: _____

Impression: _____

Plan of Action: _____

Physician Signature _____ Date _____

Physician Printed Name _____

