

# PRE-OPERATIVE MEDICAL CLEARANCE

ATTN: DR. \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MR# \_\_\_\_\_

Surgery Date: \_\_\_\_\_

**Surgeon: Dr. Andrew Feldman**

HISTORY OF PRESENT ILLNESS: Age \_\_\_\_\_ Sex \_\_\_\_\_ LMP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ALLERGIES & DRUG SENSITIVITIES: \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_

PAST MEDICAL HISTORY	YES/NO	DATE IF ONSET/DESCRIPTION
STEROID COVERAGE:	Y N	_____
ANESTHESIA PROBLEMS	Y N	_____
CARDIAC HISTORY	Y N	_____
MI, Angina, CHF		_____
Valvular Disease,		_____
Other Conditions		_____
PULMONARY HISTORY	Y N	_____
Asthma, Pneumonia,		_____
COPD, Other		_____
CI/HEPATIC HISTORY	Y N	_____
PUD, Hepatitis,		_____
Cirrhosis, Other		_____
KIDNEY DISEASE	Y N	_____
Renal Insufficiency		_____
THYROID DISEASE	Y N	_____
CIRCULATORY DISEASE	Y N	_____
HTN, Thromboemboli,		_____
CVA, PVD, Other		_____
DIABETES MELLITUS	Y N	_____
OTHER CONDITIONS	Y N	_____
Urinary Problems,		_____
Other		_____

Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
MR#: \_\_\_\_\_

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SOCIAL HISTORY                      YES/NO                      QUANTIFY                      OCCUPATION: \_\_\_\_\_  
Smoking                                      Y   N                                      \_\_\_\_\_  
Ethanol                                        Y   N                                      \_\_\_\_\_  
Drugs    Y   N                                      \_\_\_\_\_

SIGNIFICANT FAMILY HISTORY: \_\_\_\_\_

PHYSICAL EXAMINATION: B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Wt \_\_\_\_\_  
HEENT \_\_\_\_\_  
HEART \_\_\_\_\_  
LUNGS \_\_\_\_\_  
ABDOMEN \_\_\_\_\_  
EXTREMITIES \_\_\_\_\_  
NEUROLOGIC \_\_\_\_\_

DIAGNOSTIC STUDIES REVIEWED	YES/NO	ABNORMAL FINDINGS
ECG - For all patients	Y   N	_____
CXR - Pts. $\geq$ 60 years or younger pts. with cardiac/pulmonary disease	Y   N	_____
LABS - CBC / PLT, Complete Metabolic Panel PT,PTT, INR, U/A	Y   N	_____

PATIENT WITH OWN INTERNIST? If Yes give name \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Was he contacted? \_\_\_\_\_

DIAGNOSES/ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT IS CLEARED FOR ANESTHESIA & SURGERY.

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**\*\* PLEASE FAX FORM and EKG and LAB results to Dr. Andrew Feldman's office @  
FAX# 212-604-1338 \*\* Thank you,  
Office # 212-604-1345**

