

Patient's Name: _____ Date of Consultation: ____/____/____

Procedure: _____

HPI (4 Elements): _____

Anesthesia Type: _____ PCP/Provider: _____

Surgeon: _____ Date of Surgery: ____/____/____

PMH


Coronary Artery Disease	COPD
Arrhythmia	Asthma
CHF	Interstitial Lung Disease
HTN	Other Lung Disease
Peripheral Arterial Disease	DVT
Hyperlipidemia	Pulmonary Embolism
Carotid Atherosclerosis	Obesity
CVA	Sleep Apnea
Diabetes Mellitus	Dementia
Chronic Renal Insufficiency	Malignancy
Thyroid Disease (hypo / hyper)	Cirrhosis
Bleeding Disorder	Hepatitis
Anemia	Peptic Ulcer Disease
HIV / AIDS	GI Bleed
Other:	Autoimmune Disease
MS	Other:
Implanted Devices (Pacemaker, Medtronic pumps, etc.)	Radiation Therapy
Oxygen Therapy	Chemotherapy

PSH

PATIENT LABEL
Name: _____
DOB: ____/____/____
DOS: ____/____/____

**Pre-Surgical
Evaluation**

D-12-16 (04-07-10)

 *OP2600*

Medications (list herbal supplements as well)

Drug	Dose	Frequency

Drug	Dose	Frequency

Allergies / Intolerance: _____

Anesthesia Complications? Yes No _____

Vaccination History:

	Pneumonia Vaccination
	Influenza Vaccination
	Tetanus
	Hepatitis B
	Other:

Social History:

Tobacco:	
ETOH:	
Drugs: (illicit)	
Occupation:	Year Retired:
Marital Status: S M D W	Spouse's Name:
Code Status: Full DNR Do Not Intubate	Other:
Living Will: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No
Power of Attorney:	Phone #:
Family Spokesperson:	Phone#:

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Neg	Review of Systems (circle abnormal)	Neg	Review of Systems (circle abnormal)
	Constitutional: fever, chills, wt loss, weakness, fatigue, pain, anorexia, night sweats		Musculoskeletal: myalgia, arthraigia, weakness, edema, ROM, warmth, leg cramps, pain
	Eyes: visual change, discharge, pruritis, diplopia, oculodnyia, photophobia, contact/glasses, floaters		Skin: rash, pruritis, lesions, ecchymosis, mole change, hair / nail change
	ENT: hearing loss, otalgia, discharge, pharyngitis, dysphagia, tinnitus, epistaxis, hoarseness, dental carries, pain		Neuro: syncope, seizure, weakness, H/A, paralysis, numbness, tingling, tremor, vertigo, ataxia, memory change, CN deficit
	Respiratory: SOB, cough, wheeze, hemoptysis, sputum, Hx TB		Psychiatric: anxiety, depression, sleep disturb, hallucination, suicidal / homicidal / ideation, delusion
	CV: cp-palpitations, DOE, orthopnea, PND, peripheral edema, murmur		Endocrinology: polyuria, polydypsia, polyphagia, fatigue, hyperhidrosis, hot flashes, temp intolerance
	GI: nausea, vomiting, diarrhea, GERD, constipation, pain, hematochezia, melena, belching, hemorrhoids, dysphagia		Hematology: adenopathy, bleeding, ecchymosis, blood transfusions
	Urinary: Urgency, frequency, discharge, dysuria, incontinence, hematuria, flank pain, nocturia, hesitancy, kidney stones		Allergy: urticaria, pruritis, rhinorrhea, nasal congestion, sneeze, post-nasal drip
	Genital: lesion, discharge, hernia, pain, erectile dysfunction, mass, dyspareunia, dysmenorrhea, menorrhagia		All Other ROS Reviewed and Negative
	Social: tobacco, ETOH, drugs		Patient verbalizes understanding of assessment, diagnosis, treatment plan & medication(s) dosage, usage, and side effects

Physical Examination:	Height:	Weight:	Vital Signs:
Constitutional: <input type="checkbox"/> NAD <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Age appropriate behavior <input type="checkbox"/> Non-toxic			
Abnl/Other:			
Eyes: <input type="checkbox"/> Lids/conjunctiva WNL <input type="checkbox"/> PERRLA <input type="checkbox"/> EOMI <input type="checkbox"/> No discharge <input type="checkbox"/> Fundi WNL			
Abnl/Other:			
ENMT: <input type="checkbox"/> Exterior ears/nose WNL <input type="checkbox"/> TMs/canals WNL <input type="checkbox"/> Hearing intact <input type="checkbox"/> Nasal Exam WNL <input type="checkbox"/> Oropharynx WNL			
Abnl/Other:			
NECK: <input type="checkbox"/> Supple/Symmetric <input type="checkbox"/> No Masses <input type="checkbox"/> Thyroid WNL <input type="checkbox"/> No JVD <input type="checkbox"/> Full ROM <input type="checkbox"/> No Adenopathy <input type="checkbox"/> No Carotid Bruits			
Abnl/Other:			
RESP: <input type="checkbox"/> Effort WNL <input type="checkbox"/> Clear to auscultation bilateral <input type="checkbox"/> Percussion WNL <input type="checkbox"/> Chest symmetry/expansion WNL <input type="checkbox"/> No egophony			
Abnl/Other:			
CV: <input type="checkbox"/> RRR <input type="checkbox"/> No Murmurs/Rubs/Gallops <input type="checkbox"/> Pulses (+) / = <input type="checkbox"/> No edema			
Abnl/Other:			
GI: <input type="checkbox"/> Soft non-tender non-distended <input type="checkbox"/> BS (+) <input type="checkbox"/> No rebound/guarding <input type="checkbox"/> No HSM/masses <input type="checkbox"/> Heme (-) / (+)			
Abnl/Other:			
GU: <input type="checkbox"/> Penis WNL <input type="checkbox"/> Prostrate WNL <input type="checkbox"/> No discharge <input type="checkbox"/> No masses <input type="checkbox"/> No CVA Tenderness <input type="checkbox"/> No lesions			
Abnl/Other:			
MUSC: <input type="checkbox"/> WNL extremities <input type="checkbox"/> Back WNL <input type="checkbox"/> Pelvis & Hips WNL <input type="checkbox"/> Gait steady/straight <input type="checkbox"/> Full ROM			
Abnl/Other:			
Skin: <input type="checkbox"/> Inspection WNL <input type="checkbox"/> Palpation WNL <input type="checkbox"/> No lesions			
Abnl/Other:			
Extrem: <input type="checkbox"/> = / symmetric <input type="checkbox"/> No edema <input type="checkbox"/> No cyanosis <input type="checkbox"/> No clubbing			
Abnl/Other:			
Neuro: <input type="checkbox"/> CN II-XII intact <input type="checkbox"/> Sensory Intact <input type="checkbox"/> Motor strength WNL <input type="checkbox"/> DTRs symmetric <input type="checkbox"/> No focal deficits			
Abnl/Other:			
MISC:			
Abnl/Other:			

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**Pre-Surgical
Evaluation**

D-12-16 (04-07-10)

 *OP2600*

Family History:

Mother	
Father	
Adopted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Siblings	

Recent Laboratory / Radiology (may send copies / check all that apply)

Test	Date Completed	Location Completed At	Results Reviewed
BMP			
CMP			
PT			
PTT			
CBC			
CXR			
Enchocardiogram			
Carotid Ultrasound			

Test	Date Completed	Location Completed At	Results Reviewed
Stress Test			
ABG			
PFT			
EKG			
Lipids			
TSH			
Brain Natriuretic Peptide			
Glycohemoglobin (HbA1C)			

Surgical Risk Stratification

	Low risk (< 1%) endoscopic procedure, superficial procedure, cataract surgery, breast surgery
	Intermediate risk (<5%) peritoneal/thoracic surgery, carotid endarterectomy, head/neck surgery, orthopaedic surgery, prostate surgery
	High risk (>5%) emergent, aortic/major vascular, peripheral vascular, anticipated prolonged procedure associated with large fluid shifts and/or blood loss

Patient Risk Stratification

	Minor (low): advanced age, abnormal EKG, rhythm other than sinus, low functional capacity (<4 metabolic equivalent), history of CVA, uncontrolled systemic HTN
	Intermediate (moderate): Mild angina pectoris, prior acute MI, compensated or prior CHF, DM, Renal insufficiency
	Major (high): acute / recent MI, unstable angina, decompensated heart failure, high-grade atrial ventricular block, Symptomatic ventricular arrhythmias with underlying heart disease, uncontrolled ventricular rate, severe valvular disease.

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Functional Status:

Low (1-4 metabolic equivalent): ADLs, walk around house, walk 1-2 blocks on level ground, household work
High (>4 metabolic equivalent): Climb one flight stairs, run short distance, heavy household work, moderate recreational activities (golf, bowling, throwing football)

Recent Cardiac Stress Test: Yes No

Date ____/____/____ Where: _____ Results: _____

Cardiac Catheterization: Yes No

Date ____/____/____ Where: _____ Dr.: _____ Results: _____

*(Please send copies)***Consideration for perioperative beta blockage (Two or more of the following)**

Age > 65
Hypertension
Coronary Artery Disease
Vascular Disease

Hyperlipidemia
Diabetes
Tobacco

Contraindications to beta blocker therapy

Significant AV block
Intolerance to beta blocker

Bronchospasm
Other:

Pulmonary Risk Stratification:**Patient Risk Factors**

Chronic Lung Disease
Tobacco
Obesity
Oxygen Dependence
Musculoskeletal Disease
Asbestos Exposure
Environmental Exposure
Other:

Asthma
Poor health status
Age > 70 years
Scoliosis
Malignancy
History of Tuberculosis
Pneumonia
Other:

Post-Operative Pulmonary Risk Reduction Strategies

Incentive Spirometry
ABG
Updraft Nebulizers
Early Mobilization
Other:

Flutter Valve
Smoking Cessation
Metered Dose Inhalers
Oxygen
Other:

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Pre-Surgical Evaluation

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DVT / Pulmonary Embolism Prophylaxis per Hamot DVT Protocol

Other Recommendations

Diabetes	
Post-Op Delirium	
Drug / ETOH withdrawal	
Hold ASA, Plavix, Coumadin, etc.	
*D/C Coumadin seven days pre-op (etc.)	
Prothrombin time - day prior to surgery	
Other Recommendations	

Classification:

Patient Risk	Low	Moderate	High
Procedure Risk	Low	Moderate	High
Functional Status	Low		High

Final Recommendations

	Stable: may proceed to surgery without further evaluation
	Medication adjustments recommended*
	Recommend further non-invasive / invasive evaluation prior to surgery
	Postpone surgery pending further evaluation

Comments: _____

Physician's Signature: _____ **Date:** ____ / ____ / ____ **Time:** _____ **AM PM**

PCP: PLEASE FAX TO SURGEON'S OFFICE
SURGEON'S OFFICE: PLEASE FAX TO PRE-ADMISSION SCREENING AT 877-6801

PATIENT LABEL Name: _____ DOB: ____ / ____ / ____ DOS: ____ / ____ / ____
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Pre-Surgical Evaluation

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