

# SURGICAL PRE-OP EXAM / **MEDICAL CLEARANCE**

**FAX RESULTS 1 WEEK PRIOR TO 720-386-2088**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**PRE-OP EXAM MUST BE COMPLETED WITHIN 30 DAYS OF SURGERY DATE**

**SURGERY DATE:** \_\_\_\_\_ **PROCEDURE:** \_\_\_\_\_

HPI: \_\_\_\_\_

PAST MEDICAL HX: \_\_\_\_\_

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

ALLERGIES: \_\_\_\_\_

VITAL SIGNS: B/P \_\_\_\_\_ P \_\_\_\_\_ SP02 \_\_\_\_\_ R \_\_\_\_\_

SYSTEM	WNL	ABNL	COMMENTS
MENTAL STATUS	•	•	
LUNGS	•	•	
CARDIOVASCULAR	•	•	
ABDOMEN	•	•	

IMPRESSION: \_\_\_\_\_

**REQUESTED TESTS: • CBC • EKG IF REQUIRED BY PCP FOR SURGERY CLEARANCE**

ANESTHESIA / SEDATION / ANALGESIA RISK: \_\_\_\_\_

- I - HEALTHY PATIENT
- II - MILD SYSTEMIC DISEASE – NO FUNCTIONAL LIMITATION
- III - SEVERE SYSTEMIC DISEASE – DEFINITE FUNCTIONAL LIMITATION

**PLAN: MAKE CLEARANCE SELECTION BELOW:**

• **CLEARED** - PROCEED WITH SURGERY AT **AMBULATORY SURGERY CENTER** UNDER ☐ GEN ☐ MAC

• **NOT CLEARED** - NOTES: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_