

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: _____