



PATIENT HISTORY AND PHYSICAL EXAM:

IF YOUR OFFICE DOES NOT MEDICALLY CLEAR PATIENTS FOR SURGERY, PLEASE DO NOT COMPLETE THE APPOINTMENT AND EDUCATE THE PATIENT TO GO ELSEWHERE FOR SURGICAL CLEARANCE

- H&P must be within 60 days of procedure and faxed to 513-389-0482 by the physician's office. Please have patient labs faxed to the above number as well.
- Please clearly mark if the patient may proceed with the surgery in the "Plan" section
- Please obtain Height & Weight, and calculate BMI in your office

Patient Name: _____

Age: _____ Gender: _____ Race: _____

Proposed Surgical Procedure:

The surgery proposed for this patient is (*circle one*): low / intermediate / high risk.

The patient represents (*circle one*): low / intermediate / high risk of cardiac mortality because of (*circle one*): minor / intermediate / major clinical predictors: _____

Allergies/ Reactions: _____

Latex allergy: Yes or No

Herbal Supplements: _____

Other: _____

Medications/ Dosages (*Please attach list if possible*):

Is patient on a blood thinner? If yes, please provide perioperative instructions: _____

Indications for surgery (How activities of daily living are affected)?

If Diabetic, last A1C: _____

SOCIAL HISTORY

Tobacco use ever? Yes or No

If yes, packs per day: _____ Pack years: _____ If ex-smoker, quit date: _____

Smokeless Tobacco? Yes or No

Alcohol use? Yes or No If yes, drinks per week? _____

Caffeine use? Yes or No If yes, drinks per week? _____

Recreational Drug use? Yes or No If yes, what drug type? _____

FAMILY HISTORY

Problems with anesthesia? Yes or No

Bleeding or clotting problems? Yes or No

Comments/Other: _____

PAST MEDICAL/SURGICAL HISTORY

Check all that apply:

- ICD Murmur CVA/TIA Dialysis Seizure Disorder Pacemaker
- Hyperlipidemia Abdominal bleeding/bruising Transplant Liver Disease
- HTN DM Type 1/2 DVT Prior Anesthetic Complications CHF
- Dementia ESRD GERD Sensitivity to Lidocaine COPD
- Arrhythmia Hypothyroid Aortic Stenosis Asthma Sleep Apnea
- Auto Immune Disease Other: _____

Recent infection or exposure to contagious disease? Yes or No

Comments: _____

PHYSICAL EXAM

Height: _____ Weight: _____ BMI: _____ Temperature: _____
Blood Pressure: _____ Pulse (HR): _____ Respiratory Rate: _____ SPO2: _____
General Appearance: _____

If no significant findings, check box:

Contributory	Describe abnormal findings.	Non-contributory
<input type="checkbox"/> Heart	_____	<input type="checkbox"/> Heart
<input type="checkbox"/> Lungs	_____	<input type="checkbox"/> Lungs
<input type="checkbox"/> HEENT	_____	<input type="checkbox"/> HEENT
<input type="checkbox"/> GI/ AB	_____	<input type="checkbox"/> GI/AB
	with focus on hernias & diastases	
<input type="checkbox"/> GU	_____	<input type="checkbox"/> GU
<input type="checkbox"/> Back	_____	<input type="checkbox"/> Back
<input type="checkbox"/> EXT	_____	<input type="checkbox"/> EXT
<input type="checkbox"/> NEURO	_____	<input type="checkbox"/> NEURO

PLAN

- Patient may proceed with planned surgery as scheduled
- Additional patient information attached (labs, reports, etc.)
- Pending clearance. List name / speciality: _____

MD/Examiner's Signature: _____

Date: _____ Time: _____

Contact Information: _____

Expected Labs:

- **CBC-** A measure of the number of red blood cells, white blood cells, and platelets in the blood, including the different types of white blood cells
- **BMP(Renal Panel)-** A group of 8 tests that measures the current status of your body's metabolism, kidney health, and electrolytes
- **PTT-** To help detect and diagnose a bleeding disorder or excessive clotting disorder
- **PT/INR-** Is used to determine if the body has a blood clotting issue
- **Hemoglobin A1C-** Used to diagnose prediabetes and diabetes
- **Pregnancy Test-** Used to determine if the patient is currently pregnant