REQUEST FOR PRE-SURGERY EVALUATION

We would appreciate your evaluation of the following patient for surgery. Listed below are the requirements..
(This form is for your doctor to fill out.)

Surgery Center guidelines: *Lab Test and Surgical Clearance must be* ***within 30 days*** *of surgery.*

EKG: *(only need if any history of heart problmens within 6 months of surgery date)*

Lab Tests: *CBC / Comprehensive Metabolic Panel / Fasting for Diabetic patients (within 30 days of surgery)*

Surgical Clearance: *(This Sheet)*

The anesthesia that will be used is IV Local Sedation
If you have any questions please contact me at 214-765-9711

Thanks again,

Kim Schweyer
Surgical Coordinator

If your patient is on any type of blood thinner, we do ask that they stop one week prior to surgery, if for some reason that is contraindicated please let us know. Thank You for your help.

Health and Physical for Surgery Clearance:

PATIENT NAME: ____________________ ____________________

Surgery Date: **Eye:**

Surgical Procedure: ____________________ **CHIEF COMPLAINT:** ____________________

CPT: ICD9:

PAST HISTORY

Please discuss with patient how to take diabetic, heart or any other medications day of surgery!!

Drug Reactions: ____________________

Current Medications: ____________________

Past Surgery: ____________________

Medical History: ____________________

	YES	NO	
Smokes:	____	____	____________________
Alcohol:	____	____	____________________

PHYSICAL EXAM

HEIGHT: ________________ WEIGHT:_________ TEMP:__________ PULSE: ________ R: ________ B/P: ________

	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS BELOW
HEENT			
C-V SYSTEM			
LUNGS			
M-S SYSTEM			
NEUROLOGIC			
PSYCHO-SOCIAL			
OTHER			

Assessment: ____________________

Plan: ____________________

SURGICAL CLEARANCE FOR: **Local:**______________ **General:**_____________ **Choice:** _____________

Doctors Signature: ____________________ Printed Name: ____________________

EXAM DATE: ____________________

If Nurse Practitioner does H&P it must be signed off by the Doctor

Please fax THIS COMPLETED FORM along with LABS and EKG to 214-360-0083

We need **ALL** information at least **3 days prior to surgery**.

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