

Date: \_\_\_\_\_

# Baptist Primary Care: University South

Nurse: \_\_\_\_\_ Time in: \_\_\_\_\_

## Preoperative Consultation and General Medical Clearance

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Type of Surgery: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Surgeon \_\_\_\_\_ Location \_\_\_\_\_

Anesthesia:  Local.  Spinal.  General.  Other: \_\_\_\_\_ **Any prior complications with anesthesia?** Yes \_\_\_\_ No \_\_\_\_

Do you smoke? Yes \_\_\_\_ No \_\_\_\_ If current or previous smoker, how many packs per day? \_\_\_\_\_ For how many years? \_\_\_\_\_

Drink over 7 alcohol drinks per week? Yes \_\_\_\_ No \_\_\_\_ If yes, more than 14? Yes \_\_\_\_ No \_\_\_\_ Any illicit drug use? Yes \_\_\_\_ No \_\_\_\_

For Women of Child-bearing potential. Date of last normal menstrual period \_\_\_\_\_ **Attempting pregnancy?** Yes \_\_\_\_ No \_\_\_\_

List **all medications** (prescription and over-the-counter). Include dosage + frequency (need form?): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you **ever had a transfusion**? Yes \_\_\_\_ No \_\_\_\_ What year? \_\_\_\_ **Ever tested for HIV?** Yes \_\_\_\_ No \_\_\_\_ Results? Pos \_\_\_\_ Neg \_\_\_\_

Do you wear: Contact lenses? Yes \_\_\_\_ No \_\_\_\_ Glasses? Yes \_\_\_\_ No \_\_\_\_ Hearing aid? Yes \_\_\_\_ No \_\_\_\_ **Dentures?** Yes \_\_\_\_ No \_\_\_\_

**Past Medical History:** Please check all that apply to you.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Sleep Apnea                     | <input type="checkbox"/> Cancer. Where? _____      |
| <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Acid Regurgitation > 2 x weekly | <input type="checkbox"/> Abnormal Bleeding         |
| <input type="checkbox"/> Heart Rhythm Disease | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Fainting                        | <input type="checkbox"/> Low Blood Count           |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> Emphysema        | <input type="checkbox"/> Liver Disease                   | <input type="checkbox"/> Unexplained Fever or Rash |

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**Past Surgical History:** Please check all that apply and add others not listed.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart Bypass Surgery | <input type="checkbox"/> Hernia Repair.             | <input type="checkbox"/> Hysterectomy                  |
| <input type="checkbox"/> Arterial Surgery     | <input type="checkbox"/> Joint Surgery              | <input type="checkbox"/> Ovary Surgery                 |
| <input type="checkbox"/> Gallbladder          | <input type="checkbox"/> Skin Cancer Surgery        | <input type="checkbox"/> Eye Surgery (cataracts, etc.) |
| <input type="checkbox"/> Appendix             | <input type="checkbox"/> Significant Dental Surgery | <input type="checkbox"/> Cosmetic Surgery              |

**Other:** \_\_\_\_\_

**Family History:** Please check all that apply. Circle "F, M, B or S" for disease in Father, Mother, Brother and/or Sister.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> High Blood Pressure: <b>F M B S</b> | <input type="checkbox"/> Diabetes: <b>F M B S</b>  | <input type="checkbox"/> Cancer: <b>F M B S</b>            | <input type="checkbox"/> Abnormal Bleeding: <b>F M B S</b> |
| <input type="checkbox"/> Heart Disease: <b>F M B S</b>       | <input type="checkbox"/> Asthma: <b>F M B S</b>    | <input type="checkbox"/> Kidney Disease: <b>F M B S</b>    | <input type="checkbox"/> Abnormal Bruising: <b>F M B S</b> |
| <input type="checkbox"/> Stroke: <b>F M B S</b>              | <input type="checkbox"/> Emphysema: <b>F M B S</b> | <input type="checkbox"/> Abnormal Clotting: <b>F M B S</b> | <input type="checkbox"/> Other Serious Illness-list below  |

**Other:** \_\_\_\_\_

**Review of Systems:**  Comprehensive ROS form reviewed (yellow sheet). or

Reviewed previous comprehensive ROS form dated \_\_\_\_ No changes  New info documented below

\*\*\* CONTINUED ON THE OTHER SIDE \*\*\*

Name: \_\_\_\_\_ . DOB: \_\_\_\_\_ . Date: \_\_\_\_\_ .

\*\*\*\*\*FOR EXAMINER ONLY\*\*\*\*\*

**Comprehensive PE:** BP<sup>1</sup>: \_\_\_\_\_ . BP<sup>2</sup>: \_\_\_\_\_ . Wt: \_\_\_\_\_ . Pulse: \_\_\_\_\_ . Temp: \_\_\_\_\_ .

**Constitutional:** •3 Vital Signs. • Appearance. **Normal** . **Abnl** . \_\_\_\_\_ .

**Eyes:** Lids, Sclera, Pupils. **Normal** . **Abnl** . \_\_\_\_\_ .

**ENMT:** External, TM's, Hearing (finger rub), Pharynx.  **Normal**.  **Abnl**. \_\_\_\_\_ .

**Neck:** Inspection/Palpation of neck and thyroid. **Normal** . **Abnl** . \_\_\_\_\_ .

**Lungs:** Effort, Auscultation, Percussion, Palpation. **Normal** . **Abnl** . \_\_\_\_\_ .

**Cardio:** Palpation, Auscultation, Carotids, Aorta, Pedal Pulses, Edema. **Normal** . **Abnl** . \_\_\_\_\_ .

**GI:** Bowel sounds, Liver, Spleen, Masses, No pain. **Normal** . **Abnl** . \_\_\_\_\_ .

**Lymph:** Cervical, Supraclavicular, Inguinal. **Normal** . **Abnl** . \_\_\_\_\_ .

**Skin:** Inspection, Palpation. **Normal** . **Abnl** . \_\_\_\_\_ .

**Neuro:** CN's, DTR's, Sensation. **Normal** . **Abnl** . \_\_\_\_\_ .

**Psych:** Alert, Oriented, Mood, Affect, Memory. **Normal** . **Abnl** . \_\_\_\_\_ .

**Data Sources/Activities:** Requested or reviewed.

**CBC:** Normal . Abnormal .

**EKG:** Normal . Abnormal . No acute abnormalities .

**BMP:** Normal . Abnormal .

**CXR:** Normal . Abnormal . No acute abnormalities .

**Other:** \_\_\_\_\_ .

**Medical Decision Making (MDM):** **Low** . **Moderate** . **High** .

**Data:** Laboratory (1pt)\_\_\_\_. Radiology (1)\_\_\_\_. Diagnostic Study(1)\_\_\_\_. Decision to obtain Old Records(1)\_\_\_\_. Discuss test/study results(1)\_\_\_\_.

Independent Interpretation of test (2)\_\_\_\_. Review & Summarize Records (2) \_\_\_\_ . **or** Obtain additional history (2) \_\_\_\_ . From whom? \_\_\_\_\_ .

**Diagnosis(es):**

1. \_\_\_\_\_ .  Controlled.  Not Controlled.

2. \_\_\_\_\_ .  Controlled.  Not Controlled.

3. \_\_\_\_\_ .  Controlled.  Not Controlled.

American Society of Anesthesiologists'(ASA) Physical Status Classification System

**P1:** A normal healthy patient.

**P3:** A patient with severe systemic disease.

**P2:** A patient with mild systemic disease.

**P4:** A patient with severe systemic disease that is a constant threat to life.

**Preoperative Consultation for General Medical Clearance.**  Cleared for Surgery.  Not cleared for surgery.

**ICD-9:** 99243  (Detailed Hx/PE + low MDM). 99244  (Comp. Hx/PE + mod. MDM). 99245 . (Comp. Hx/PE + high MDM).

Charles H. Booras, MD . \_\_\_\_\_ . **Plan:**

Kenneth Mayer, MD . \_\_\_\_\_ .

Mary Toner, ARNP . \_\_\_\_\_ .

**Copy for Patient**

**Fax to referring Surgeon at** \_\_\_\_\_ .