

**MEDICAL CLEARANCE
FOR SURGERY**

Planned Surgery: _____ DOS: _____

**PLEASE ATTACH MOST RECENT OFFICE VISIT NOTE OR EMR LETTER
AND ANY EKGS OR TESTING.**

PHYSICAL EXAM:

Vitals: Temp _____ BP _____ HR _____ RR _____ Weight _____ Height _____

Constitution Normal - Other _____ CHEST Normal - Other _____
HEENT Normal - Other _____ ABDOMEN / GI Normal - Other _____
HEART Normal - Other _____ NEURO Normal - Other _____
EXTREMITY Normal - Other _____ MUSCULOSKELETAL Normal - Other _____
LYMPH Normal - Other _____

Medication Reconciliation: I have reviewed the Medication Reconciliation and made all necessary changes.

Other Recent Data: (i.e. ECHO, Cardiac Cath, PFTs, etc.) _____

Preop Data Reviewed: CBC BMP/CMP PT/PTT US EKG CXR Other _____

RISK FACTORS: (check box if present) - each box checked = 1 factor

Present	RISK FACTOR	Present	RISK FACTOR
<input type="checkbox"/>	CAD: MI or positive stress test in prior 6 mos, or Typical angina symptoms w/o recent stress test	<input type="checkbox"/>	DM: Requiring basal / bolus insulin
<input type="checkbox"/>	CHF: Decompensated HR (i.e. rales, S3 worsening edema)	<input type="checkbox"/>	CKD: Cr >2
<input type="checkbox"/>	CVA/TIA: Any prior history	<input type="checkbox"/>	Cardiac Valve Disease: (i.e. Severe Aortic Stenosis)
<input type="checkbox"/>	Functional Status: Unable to continuously walk 3 blocks or 1 flight of stairs without shortness of breath or chest pain	<input type="checkbox"/>	Other: (i.e. coagulopathy, severe COPD or sleep apnea, etc) Describe: _____
(0 factor = low risk, ≥ 1 = ELEVATED RISK)		TOTAL # RISK FACTORS:	_____

Risk Level (Select One):

- Patient is at low risk (0 above risk factors)
 Patient is at elevated risk and requires the following (studies/interventions/consults) _____
 Patient is at elevated risk and requires no additional interventions due to nature of procedure

Patient May:

- Proceed directly to surgery
 Proceed to surgery and has completed the required additional studies/consults noted above

PHYSICIAN NAME (Print)

Date

Time

PHYSICIAN SIGNATURE