



PHONE: (215) 412-9115

HISTORY & PHYSICAL EVALUATION FORM FOR SURGICAL CLEARANCE

**** NOTE: MUST BE COMPLETED AND DATED WITHIN 30 DAYS OF SURGERY! ****

Patient Name: _____ Date of Birth: _____

Thank you for your assistance in providing pre-operative guidance and clearance for this patient scheduled for the following:

Surgery Date: _____ Procedure: _____ Surgeon: _____

Drug Allergies: _____

Latex allergy? YES NO Iodine/Betadine/Shellfish Allergy? YES NO

<input type="checkbox"/> Smoker _____	Current Medications: <input type="checkbox"/> see attached
<input type="checkbox"/> ETOH _____	
<input type="checkbox"/> Other _____	

Age: _____ Height: _____ Weight: _____ BMI: _____

BP: _____ / _____ Pulse: _____ Resp: _____ SaO2: _____

	Normal	FINDINGS	HISTORY
SKIN			SURGICAL:
HEENT			
ABDOMEN			
HEART			MEDICAL:
LUNGS			
NEURO			
GI/GU			
EXTREMETIES			FAMILY HX:

If patient has a significant cardiac history, history of MI or cardiac stent, or an AICD or pacemaker, please attach a recent EKG and any pertinent cardiac information and obtain a cardiology consult

After examining the patient and reviewing the pre-operative data, I find this patient to be medically stable and cleared for the proposed same day surgery.

YES NO

MD Signature: _____ Date: _____

MD Printed Name: _____ Phone Number: _____

**PLEASE FAX THIS COMPLETED FORM AND ANY OTHER APPLICABLE INFORMATION TO
MONTGOMERY SURGERY CENTER AT (215) 412-0488**