

PREOPERATIVE RISK ASSESSMENT / CLEARANCE FORM

-- PATIENTS: PLEASE HAVE THIS COMPLETED WITHIN ONE MONTH OF THE PROCEDURE DATE --

Dear Medical Doctor,

Thank you so much for your assistance in providing preoperative guidance and clearance! Our patient would like to undergo the following:

Anesthesia: Monitored General Duration: _____ hrs / min

Ideally, I would like our patient to hold ASA for 2 weeks, Plavix (and related) for 10 days, Coumadin for 5 days, and other blood thinners as appropriate. For general anesthesia, I require that patients hold metformin for 2 days prior to the procedure. If any of these requirements are problematic, please give me your recommendations. Thank you.



Joseph Walrath, MD

Exam Date: _____

| PATIENT NAME: _____ DATE OF BIRTH: _____ DRUG ALLERGIES: ?LATEX ALLERGY: NO <input type="checkbox"/> YES <input type="checkbox"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">MEDICATIONS</th> <th style="text-align: left; border-bottom: 1px solid black;">DOSE</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table> | MEDICATIONS | DOSE | | |
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| MEDICATIONS | DOSE | | | | |
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| PHYSICIAN COMPLETING FORM: _____ | OFFICE #: _____ | | | | |

BP: _____ HR: _____ T: _____ RR: _____ SaO2: _____ Gen. Appearance: _____

| | Normal | FINDINGS | HISTORY: |
|--------------|--------|----------|-----------------|
| SKIN | | | SURGICAL: |
| LYMPHATICS | | | |
| HEENT | | | |
| NECK | | | |
| BREASTS | | | MEDICAL: |
| CHEST/LUNGS | | | |
| HEART RHYTHM | | | |
| HEART MURMUR | | | |
| VASCULAR | | | |
| ABDOMEN | | | |
| EXTREMITIES | | | TOBACCO / ETOH: |
| NEUROLOGICAL | | | FAMILY Hx: |

Cleared for scheduled surgery: YES NO

M.D. Signature: _____