



**Medical Evaluation prior to Surgery with Anesthesia**

**Please FAX this completed medical evaluation to (516) 636-0047 Please RETURN completed form to patient/parent [Patient should bring original on the day of procedure]**

This pre-anesthetic HISTORY and PHYSICAL is to be completed by the patient's physician **as close to the date of the scheduled procedure as possible**. Please return a legible and signed evaluation note addressing general health, prior significant or current systemic disease or illness as well as the patient's current functional status. If other clinicians need to be consulted, or if specific pre-anesthetic medications or lab tests are recommended, please specify.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date of Treatment:** \_\_\_\_\_

**Vital Signs:** BP \_\_\_\_ / \_\_\_\_ P \_\_\_\_ Temp \_\_\_\_ RR \_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

**Summary History:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:** [ ] NKDA \_\_\_\_\_

**Smoking / ETOH / Drugs:** \_\_\_\_\_

**Prior Surgery or Hospitalizations:** \_\_\_\_\_

**PHYSICAL**

**General Appearance:** Well appearance [ ] \_\_\_\_\_

**Head and Neck:** WNL [ ] \_\_\_\_\_

**Cardiovascular:** WNL [ ] \_\_\_\_\_

[ ] Congenital Heart Disease [ ] CAD [ ] Valvular Heart Disease [ ] Arrythmia [ ] PPM / AICD

**Pulmonary:** WNL [ ] \_\_\_\_\_

[ ] Asthma [ ] COPD [ ] Sleep Apnea

**Gastrointestinal:** WNL [ ] \_\_\_\_\_

[ ] Reflux [ ] Hiatal Hernia [ ] Dysmotility [ ] Dysphagia

**Renal:** WNL [ ] \_\_\_\_\_

**Hepatic:** WNL [ ] \_\_\_\_\_

**Endocrine:** WNL [ ] \_\_\_\_\_

[ ] Thyroid [ ] Diabetes Other \_\_\_\_\_

**Metabolic:** WNL [ ] \_\_\_ [ ] Obesity \_\_\_\_\_

**Musculoskeletal:** WNL [ ] \_\_\_\_\_

**Neurological:** WNL [ ] \_\_\_\_\_

[ ] Cerebral Palsy [ ] PDD [ ] ADD/ADHD [ ] Seizures [ ] Developmental Delay(s) [ ] Neuropathy

**OB / GYN:** WNL [ ] \_\_\_\_\_

**Available Lab Data:** (EKG, Blood) \_\_\_\_\_

Urine HCG Test [When appropriate] \_\_\_\_\_

**COMMENTS / RECOMMENDATIONS:**

**Physician Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_