VIRGINIA EAR, NOSE & THROAT SURGERY PRE-OP FORM

PREOPERATIVE HISTORY & PHYSICAL EXAMINATION

Patient's _____
Patient Name Date of Birth Gender

Surgery Date: Surgeon:

Procedure:

Medical History: 1)_____ 2)_____ 3)_____4) _____

5) _____ 6) _____ 7) _____ 8) _____

Surgical History: 1) _____ 2) _____ 3) _____4) _____

5) _____ 6) _____ 7) _____ 8) _____

Current Medications	Dosages

Drug Sensitivities	Reaction

Immunizations: _____

Latex sensitivity? □ **Yes** □ **No** Social History: Tobacco: _____ Alcohol/Drug: _____

Vitals: Pulse _____ Blood Pressure _____ Temperature_____ Height _____ Weight_____

General: _____ HEENT: _____

Heart: _____ Lungs: _____

Abdomen: _____ Extremities: _____

Neurologic: _____ Other: _____

Based on the above evaluation: ☐ this patient is stable for surgery _____
Signature Date

☐ This patient is not ready for surgery as scheduled _____
Signature Date

_____ _____
Print Name of Practitioner Office Phone Number

Risk/benefit studies for anticoagulants and antiplatelet agents suggest these agents should be continued in most patients having ocular surgeries except oculoplastic or retina procedures. The risk of stroke is greater than the risk of significant ocular bleeding. As such VEI recommends that these agents may be continued at therapeutic levels unless otherwise advised for this patient and procedure. References available upon request.

Requirements: following laboratory testing: 1) Prothrombin time/ INR within 60 days of surgery if patient taking warfarin. 2) Pregnancy test within 14 days of surgery for women (teenage through menopause) who have not been surgically sterilized; otherwise, a waiver must be signed. Any additional testing is based on clinical status and should be forwarded with this form. FAX (804)330-4580. Thank you for your evaluation for the surgical and anesthetic management of this patient.

FAX FORM BACK BY _____ **FAX # (804) 330-4580**

THIS FORM CANNOT BE COMPLETED BEFORE _____

Virginia Ear, Nose & Throat
804-484-3700