



## MEDICAL CLEARANCE FOR SURGERY – Novato Community Hospital

Please bring this form to your:  Primary Care    Cardiologist   Other

Date: \_\_\_\_\_

Attn: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Surgery Date \_\_\_\_\_

Surgeon: DR. MARK SCHRUMPF

Surgical Procedure: \_\_\_\_\_

Dear Physician,

Our mutual patient is scheduled for the procedure stated above and is required by **Novato Community Hospital** to be medically cleared prior to surgery. Please evaluate his / her overall medical condition and their ability to undergo surgery. He / She will require the following tests: Please order all the required labs.

**The History & Physical Examinations must be completed no greater than 30 days prior to surgery. Labs need to be done within 30 days and an EKG within 6 months of the surgery date.**

- ✓ **Pre-operated History & Physical Examination. (To be done by primary care physician, NP or PA required)**
- ✓ The following requirements can be done by the lab at Novato Community Hospital.
  - 12 Lead EKG
  - Comprehensive Metabolic Panel; Complete Blood Count (Includes Diff. & PLT); Prothrombin Time PT / INR
  - Urinalysis, Culture if indicated, aPTT, hB A1c,

Attached are copies of our office pre-operative history and physical forms.

**Please fax all information** to our office at 415.592.0002 & to Novato Community Hospital at 415.369.1235 as soon as possible for review by the NCH Anesthesiologist.

**Please Note: Failure to comply with the above requirements may result in the cancellation of your patient's surgery until the required information is obtained.** If you have questions or the directions are unclear, please don't hesitate to call me at 415.592.2000.

Jada Ezzati, Surgical Coordinator  
Tel: 415.592.2000 Fax 415.592.0002  
Email: [jezzati@calpacortho.com](mailto:jezzati@calpacortho.com)

## PRE-OPERATIVE ASSESSMENT HISTORY & PHYSICAL

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Procedure Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Surgeon: Dr. MARK SCHRUMPF Location of Surgery: Novato Community Hospital

Chief Complaint / History of Present Illness / Review of Systems: \_\_\_\_\_

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### RISK FACTORS FOR SURGERY:

- Coronary Syndromes / Angina \_\_\_\_\_
- Prior Myocardial Infarction \_\_\_\_\_
- CHF / current or prior history \_\_\_\_\_
- Significant arrhythmia / rhythm other than sinus/abnormal EKG \_\_\_\_\_
- Valvular Disease (echo data is required) \_\_\_\_\_
- Diabetes Mellitus \_\_\_\_\_
- Renal insufficiency \_\_\_\_\_
- Stroke \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Decreased functional capacity \_\_\_\_\_

**OTHER MEDICAL HISTORY:** (ie. Sleep Apnea / Asthma / Previous MRSA / PPM/AICD)

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**PREVIOUS SURGERIES / ANESTHETICS / HISTORY OF ANESTHETIC COMPLICATIONS:**

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**MEDICATIONS:** \_\_\_\_\_

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**ALLERGIES:** NKA (Circle) \_\_\_\_\_

**SOCIAL / FAMILY HISTORY:** Smoker Y / N    Drug Use    Alcohol Use    Other

Please elaborate \_\_\_\_\_

**PHYSICAL EXAMINATION:**    Date \_\_\_\_\_

Height \_\_\_\_\_ ' \_\_\_\_\_ "    Weight \_\_\_\_\_    B/P \_\_\_\_\_    Pulse \_\_\_\_\_

	Normal	Abnormal	Explain
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments:** \_\_\_\_\_

**RECOMMENDATION:**

- Medically optimized for surgery: no further work up needed
- Recommend the following pre-operative workup:

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

Date/Time: \_\_\_\_\_

*Please attach Labs, EKG and other ancillary data.*