Pre-Operative Medical Clearance

Once you have scheduled your surgery we ask you be seen by your primary care physician and have them send us a letter of medical clearance for surgery.

If you are having surgery at <u>MEDSTAR GEORGETOWN</u>, the anesthesia department requires a complete History & Physical – this may be completed no more than 30 days prior to your scheduled surgery.

You may bring this form to your scheduled pre-op appointment to be completed. Please have it faxed to 866-990-5516, ATTN: Christina Barra.

Date:	
Name:	
Date of Birth:	
Surgery:	
Date of Surgery:	
Medications:	
Allergies:	

Review of Symptoms:

		Negative		Positive C		omme	ents:			
General										
HEENT										
Respiratory										
Cardiovascula	r									
GI/GU										
Musculoskele	tal									
Skin										
Neuro										
Psych										
Physical Exam:										
Height:	W	eight:		Temp	:	BP:	!	Pulse:	02:	RR:
Growth and			Normal Abı		Abno	onormal Commer		its:		
Development										
Appearance										
HEENT										
Respiratory										
Cardiovascular										
GI/GU										
Musculoskeletal										
Skin										
Neuro										
Impression and Plan:										
This patient is medically cleared for surgery										
This patient is not medically cleared for surgery										