

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 INOVA Fairfax, 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	Comments:
General			
HEENT			
Respiratory			
Cardiovascular			
GI/GU			
Musculoskeletal			
Skin			
Neuro			
Psych			

Physical Exam:

Height:	Weight:	Temp:	BP:	Pulse:	O2:	RR:
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	Normal	Abnormal	Comments:
Growth and 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

Doctor's Signature