

JHA PREOPERATIVE EVALUATION^β

Date _____ Patient Name _____

Consult Requested By _____ Date of Order _____

I. Patient Identification:

Age _____ Gender: M/F Unit _____ TCU/Nursing/B&C GV/EV

PMD _____ Surgeon _____

Type of Surgery _____ Reason for Surgery (Dx = CC) _____

Date of Surgery _____ Location of Surgery _____

Date of Admission _____ Admitting MD _____

II. Active Medical Problems (list in hierarchical order):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

III. Recommendations:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

^β Preoperative Evaluation Form3.doc; Revised 9/23/98

IV. Database:

1. Relevant HPI: _____

2. Relevant PMH/PSH: _____

3. Adverse Rxns to Surgery/Anesthesia: _____

4. ROS (circle positive responses):

-
- 1. Cardiovascular: SOB DOE Orthopnea PND Chest pain/discomfort Palpitations Edema Claudication
 - 2. Respiratory: Cough Wheezing Pleuritic pain
 - 3. GI: Heartburn/reflux Poor appetite N/V Dysphagia Abdominal pain Constipation Diarrhea Rectal bleeding
Change in stool color or character
 - 4. GU: Dysuria Frequency Hesitancy/slow stream Change in urine characteristics
 - 5. Other:
-

5. Mental Status _____

6. Baseline Function _____

7. Rx Status _____

8. Capacity for Medical Decisions _____

9. Attorney-in-Fact _____ Phone # _____

10. Allergies/Intolerances: _____

11. Diet: _____

12. Medications: _____

13. Physical Exam:

Appearance/LOC _____
T _____ T_{max} _____ HR _____ RR _____ BP _____ BP_{ave} _____ Wt _____
Psych: Judgement/Insight _____ Orientation _____ Memory _____
Affect _____ Other _____
Resp: Effort _____ Perc _____ Asc _____
CV: JVP _____ Asc _____ Edema _____
Abd: Insp/BS/Tenderness/Masses _____ L/S _____
MS: Posture/G/B _____ Jts _____ St/Tone _____
Skin: Inspection/Palpation _____
Neuro: EOMs/CNs _____ DTRs _____ Other _____
Other: _____

14. Labs/EKG/CXR/Other relevant studies:

