



# UNIVERSAL PLASTIC SURGERY

## PREOPERATIVE MEDICAL EVALUATION AND CLEARANCE FOR SURGERY

Date of examination \_\_\_\_\_  
Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Date of Surgery \_\_\_\_\_  
Proposed Surgical Procedure \_\_\_\_\_

Medical Problems  None

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Cigarettes \_\_\_\_\_ Alcohol \_\_\_\_\_

Medications \_\_\_\_\_

Allergies  None \_\_\_\_\_

Prior Surgery  None \_\_\_\_\_

Previous Surgical Complications  None \_\_\_\_\_

History of Excessive Bleeding  None \_\_\_\_\_

Physical Exam:

Ht \_\_\_\_\_ Wt \_\_\_\_\_ LMP \_\_\_\_\_

Temp \_\_\_\_\_ HR \_\_\_\_\_ BR \_\_\_\_\_ BP \_\_\_\_\_

HEENT \_\_\_\_\_

Neck \_\_\_\_\_

Chest and Lungs \_\_\_\_\_

Heart \_\_\_\_\_

Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Neuro/ Mental Status \_\_\_\_\_

Other Pertinent Findings: \_\_\_\_\_

Recommendations:

The patient is in optimal medical condition to undergo surgery at this time.

Further recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delayed - Surgery should be delayed for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

The patient is not in medical condition for the proposed surgery for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Instructions to patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MD Name \_\_\_\_\_

Specialty \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_