

NYU - Hospital For Joint Diseases  
Orthopaedic Institute

Name: \_\_\_\_\_

MR# \_\_\_\_\_

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

PRE-OPERATIVE MEDICAL CLEARANCE

HISTORY OF PRESENT ILLNESS:      Age:                      Sex:                      \* LMP:

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

ALLERGIES & DRUG SENSITIVITIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_

PAST MEDICAL HISTORY:	YES/NO	DATE OF ONSET/DESCRIPTION
STEROID COVERAGE:	Y N	_____
ANESTHESIA PROBLEM:	Y N	_____
CARDIAC HISTORY	Y N	_____
MI, Angina, CHF,		_____
Valvular, Disease,		_____
Other Conditions		_____
PULMONARY HISTORY	Y N	_____
Asthma, Pneumonia,		_____
COPD, Other		_____
GI/HEPATIC HISTORY	Y N	_____
PUD, Hepatitis,		_____
Cirrhosis, Other		_____
KIDNEY DISEASE	Y N	_____
Renal Insufficiency		_____
THYROID DISEASE	Y N	_____
CIRCULATORY DISEASE	Y N	_____
HTN, Tromboemboli,		_____
CVA, PVD, Other		_____
DIABETES MELLITUS	Y N	_____
OTHER CONDITIONS	Y N	_____

Urinary Problems, \_\_\_\_\_  
Other \_\_\_\_\_

PRE-OPERATIVE MEDICAL CLEARANCE

SOCIAL HISTORY	YES/NO	QUANTIFY	OCCUPATION:
Smoking	Y N	_____	_____
Ethanol	Y N	_____	_____
Drugs	Y N	_____	_____
SIGNIFICANT FAMILY HISTORY: _____			

PHYSICAL EXAMINATION: B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

HEENT \_\_\_\_\_

HEART \_\_\_\_\_

LUNGS \_\_\_\_\_

ABDOMEN \_\_\_\_\_

EXTREMITIES \_\_\_\_\_

NEUROLOGIC \_\_\_\_\_

DIAGNOSTIC STUDIES REVIEWED (Within past 2 weeks)	YES/NO	ABNORMAL FINDINGS
ECG - Pts. > 40 years or younger pts. with cardiac/pulmonary disorder	Y N	_____
CXR - Pts. > 60 years or younger pts. with cardiac/pulmonary disorder	Y N	_____
LABS - CBC, SMA 6 or SMA 12 in pts. with significant medical history	Y N	_____

PATIENT WITH OWN INTERNIST? If Yes, give name \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Was he contacted? \_\_\_\_\_

DIAGNOSES/ ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PATIENT IS CLEARED FOR ANESTHESIA & SURGERY

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_