



## Pre-Operative Clearance

*Please bring forms to your PCP to be completed.*

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

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

Surgeon: \_\_\_\_\_

Thank you for seeing the above patient for pre-operative clearance for Nashua Eye Associates and Novamed Surgery Center of Nashua.

Our guidelines are as follows:

- Pre-Operative evaluation
- EKG to be completed at the discretion of PCP
- Chest x-ray to be completed at the discretion of PCP
- Bloodwork to be completed at the discretion of PCP
  
- Diabetics- Please provide instructions for insulin and/or oral medications for day of surgery.
- Anti-Coagulants & ASA – Discontinue prior to surgery if medically able to.
  - If unable to discontinue, please notify surgeon's office prior to scheduled appointment.
- Forward recent cardiac work-up and/or tests, and recent pacemaker report.

**\*\*When cognitive impairment is present, please indicate if an activated DPOA is in place.\*\***

Completed forms can be faxed to 603-689-9230 or 603-689-9326.

If there are any questions, please feel free to reach out to one of our surgical coordinators at 603-882-9800, Ext 8015

# History and Physical Examination Form

To be filled out by Primary Care Physician

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Pre-Op Diagnosis: \_\_\_\_\_ Proposed Surgery: \_\_\_\_\_

Allergies: \_\_\_\_\_ Habits: \_\_\_\_\_ Smoker \_\_\_\_\_ ETOH \_\_\_\_\_ Other \_\_\_\_\_

Medications and Dosages: \_\_\_\_\_

## Past Medical History:

POS NEG

TB  
Neurologic Disease  
Cardiac Disease  
Liver Disease  
Lung Disease  
Diabetes  
Bleeding  
GI Disease  
Kidney Disease

COMMENTS


## Physical Examination:

HT: \_\_\_\_\_ WGT: \_\_\_\_\_ B/P: \_\_\_\_\_ P: \_\_\_\_\_ General Appearance: \_\_\_\_\_

POS NEG

HEENT  
Glands  
Thyroid  
Abdomen  
Extremities  
Lungs  
GU  
Heart  
Spine  
Neuro

COMMENTS


Note: When Cognitive impairment is present, please indicate the patient's ability to make medical decisions and provide consent for procedures. Competent Not Competent Activated DPOAH in place

DATA (LABS, EKG, ETC) \_\_\_\_\_

If patient is on Coumadin or Warfarin therapy, provide latest INR. INR: \_\_\_\_\_ Date: \_\_\_\_\_

IMPRESSION: \_\_\_\_\_

After examining the patient and reviewing the preoperative data, I find this patient to be medically stable for the proposed surgery in the ASC setting.

Signature: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_