

**Pre-Op Clearance for Geisinger Gray's Woods Outpatient Surgery--FAX TO 814-272-6531**

<b>Surgeon:</b> Parag Parekh, MD Tel: 814-372-2389 Secure Email: pdp@clearview.emadirect.md	<b>PCP Info:</b> Name: _____ Tel No: _____
<b>Patient Name:</b> _____	<b>Date of Surgery:</b> _____
Planned Surgery: _____ for _____	

**ALLERGIES/REACTIONS:**

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

**MEDICATION LIST with Dosage:**

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

**PAST MEDICAL HISTORY**

- Active Infectious Disease: \_\_\_\_\_
- Inactive/Colonized Infectious Disease: \_\_\_\_\_
- Problem List:

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

**PAST SURGICAL HISTORY:**

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

**Relevant Family Hx:** \_\_\_\_\_ **Relevant Social Hx:** \_\_\_\_\_

**SYSTEMS REVIEW:**

HEENT: \_\_\_\_\_ CNS: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Pulmonary: \_\_\_\_\_  
 Musculoskel.: \_\_\_\_\_ GI: \_\_\_\_\_ GU: \_\_\_\_\_ GYN: \_\_\_\_\_

**PHYSICAL EXAM:**

Mental Status: \_\_\_\_\_ HR: \_\_\_\_\_ BP: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_  
 HEENT: \_\_\_\_\_ Neck: \_\_\_\_\_  
 Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_ Extremities: \_\_\_\_\_

**IMPRESSION:**

\_\_\_\_\_  
 \_\_\_\_\_ Patient is an acceptable surgical risk with MAC in an Ambulatory Surg. Ctr. \_\_\_\_\_  
 (Date) (Physician Signature)

**Surgeon:**

\_\_\_\_\_  
 \_\_\_\_\_ Pt re-examined and is an acceptable risk for planned surgery and anesthesia. \_\_\_\_\_  
 \_\_\_\_\_ Pt re-examined and is an acceptable risk for planned surgery and anesthesia. \_\_\_\_\_