

Pre-Op Clearance for Geisinger Gray's Woods Outpatient Surgery--FAX TO 814-272-6131

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