



# ADULT PRE-OPERATIVE MEDICAL EVALUATION



NUR PREOPMEDEV

Patient Name	Date of Birth	
Surgical Procedure(s)		
Surgery Date	Anesthesia Type	Allergy / Medication Sensitivity:
Surgeon		
Chief Complaint		
History of Present Illness		

H I S T O R Y	CONDITION / REVIEW OF SYSTEMS	Indicate condition (#) / Systems Review (CV, Resp, GI, GU, Muscskel, Neuro, Psych, Derm, Heme, Endo) and provide details
	① Cardiovascular:	Myocardial Infarction    Congestive Heart Failure Arrhythmia    Coronary Artery Disease Significant Valvular Disorder    AICD / Peacemaker Other
② Pulmonary:	Asthma    COPD    O2 dependent Obstructive Sleep Apnea    Other	
③ Endocrine:	Diabetes insulin dependant Non-insulin dependant    Other	
④ Neurologic:	CVA    TIA    Other	
⑤ Renal/Genitourinary:	Dialysis    Other	
⑥ Hematologic:	DVT    Pulmonary Embolism Coagulopathy/Anticoagulation    Other	
⑦ Infectious Disease:	HIV    Hepatitis    Other	
⑧ Other relevant Conditions:		

Past Surgical History:	None		
Family/Social History:	Tobacco Use	ETOH Use	Drug Use
Medications/Doses:			
Review of Systems:    All organ systems negative except as described in HPI and above			

P H Y S I C A L	BP	Pulse	Temp	Respiration Rate	HT	WT	BMI
	If WNL please check box. If not WNL, provide explanation						
	Constitutional						
	HEENT						
	Neck						
	Cardiac						
	Pulmonary						
	Gastrointestinal						
	Extremities						
	Neuro						
	Skin						
	Other						

D A T A	EKG, Labs, Imaging, Other: Comment on abnormal:

A S S E S S M E N T	Overall Medical Risk For Surgery:	Optimized	Not optimized	Optimized pending
	Assessment:			
	Plan:			
	Examiner's Name (Printed):			License #
	Examiner's Address:			Telephone #
	Examiner's Signature:	Date:	Time:	