



PRE - OPERATIVE MEDICAL ASSESSMENT (ADULT)

Patient Name:				
Date of Birth:				
Admission Date:				
Admitting Physician (FULL NAME W/MIDDLE INITIAL):				
Preferred Language	English	Chinese	Mandarin	Cantonese
	Spanish	Russian	Other:	

Planned Surgical Procedure:

Date Planned Surgery:

Hospital/Location of Surgery:

Attending Surgeon:

History of Present Illness:

All relevant preoperative PMH listed below was reviewed and found to be negative unless specified below.

Past Medical History	Yes	Date	Cardiac History	Yes	Date	Social History
CKD Stage _____ Dialysis			Pulmonary Hypertension (latest PAP _____)			<input type="checkbox"/> ETOH/Drinks per week: _____
TIA/CVA/hemiplegia/hemiparesis/ residual deficit			Congenital heart disease			<input type="checkbox"/> Smoking status, # pack years:
DVT/PE			MI (Yes/No, <30d)			<input type="checkbox"/> Counseling provided?
Anemia			PCI Stent (bare / drug)			<input type="checkbox"/> Other substance abuse:
Active infection/sepsis			HTN (Yes/No, Controlled)			
Asthma/COPD			CAD (History of abnormal stress test or Q waves on EKG)			
Chronic Resp Failure on Home O2			Chronic systolic/diastolic CHF (compensated / not)			
Cancer			Cardiomyopathy			
Chronic Steroids			Valve disease (symptomatic / severe AS, MS, MR)			
Cirrhosis			Arrythmia			
Coagulopathy/on anticoagulation			PM/ICD (manufacturer, indication, device settings, when last interrogated)			<input type="checkbox"/> Jehovah's Witness
Diabetes (Insulin Yes / No) _____			Allergies/Reaction <input type="checkbox"/> NKDA			Prior anesthesia Complication? History of difficult intubation <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:
HIV/AIDS						
Chronic Hepatitis B/C treated			Past Surgical History			
Obesity W/Hypoventilation						
OSA (If Yes, is the patient adherent to CPAP?)						
STOPBANG						
Other:						

Other Relevant History	Medications	Dose	Continue? Yes No
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Birth Control: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family HX:			
Other:			

ADM POMA





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Review of Systems: All systems were reviewed and found to be negative except as per HPI or specified below:
(circle all that apply)

System	Symptoms	Negative
Gen	Weight loss or gain, fatigue, fever or chills, weakness, trouble sleeping	
CVS	Chest pain, irregular heartbeat, SOB, difficulty breathing at night, swollen legs or feet	
Resp	Chronic dry cough, coughing up blood, wheezing or night sweats	
HEENT	Double or blurred vision, loss of hearing, nosebleeds, dentures	
Heme	Bleeding tendency or clotting tendency	
GI	Nausea, vomiting, diarrhea, black stools, abdominal pain	
GU	Difficult urination, burning with urination, blood in the urine	
Vascular	Calf pain with walking, leg cramping	
Musculoskeletal	Muscle or joint pain, stiffness, back pain, redness of joints, swelling of joints, trauma	
Neuro	Headache, dizziness, fainting, LOC, memory loss	
Psych	Nervousness, stress, depression, memory loss	
Other		

Physical Exam

BP: HR: T: RR: HT: WT: BMI: SaO₂:

Check for normal exam, indicate abnormal findings and describe:

System	Findings	Test	Date	Results
General	<input type="checkbox"/> A & O x 3 <input type="checkbox"/> NAD			
ENT	<input type="checkbox"/> Throat clear	CXR		
Neck	<input type="checkbox"/> No bruits <input type="checkbox"/> No JVD	EKG		
CV	<input type="checkbox"/> RRR <input type="checkbox"/> No murmurs, rubs, gallops	Echo		
Lungs	<input type="checkbox"/> CTA bilat <input type="checkbox"/> No wheezes or rhonchi <input type="checkbox"/> NI resp. effort	Stress Test		
Abd	<input type="checkbox"/> Soft <input type="checkbox"/> ND/NT	Cardiac Cath		
Ext	<input type="checkbox"/> NI pulses <input type="checkbox"/> Clubbing, cyanosis, or edema	Other Studies		
Neuro	<input type="checkbox"/> NI and equal strength			
Other				

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Surgical Risk for Planned Procedure:

Risk of Planned Surgical Procedure (low, intermediate, high)

High risk cardiac conditions (Unstable angina, decompensated CHF, significant arrhythmia or significant valvular disease)

Cardiac Risk Assessment:

Determination of risk - Please use whichever risk stratification tool (e.g. RCRI, Gupta, NSQIP) that is most appropriate to this patient and this procedure.

RCRI Risk Score: _____ (High-risk surgical procedure, ischemic heart disease, heart failure, CVA/TIA, DM on Insulin, chronic renal insufficiency)

<input type="checkbox"/> The patient has a (low / elevated) risk of a major cardio vascular event
If elevated, please specify patient's Metabolic Equivalents (METs): <input type="checkbox"/> >4 or <input type="checkbox"/> <4
<input type="checkbox"/> Unable to assess

Non-Cardiac Risk Assessment:

Further testing indicated: Yes No

Further consults indicated: Yes No

Overall Medical Risk for Surgery: Optimized Not Optimized Optimized Pending

Recommendations:





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PGY/NP/PA Name (printed):

Date:

Time:

PGY/NP/PA Signature:

Contact #:

I have interviewed and examined the patient. I have confirmed the plan of care with the Resident/NP/PA.

Attending Signature:

Date:

Time:

Print Name:

Contact #:

I have reviewed the Pre-Operative Medical Assessment and acknowledge its findings. I have discussed the alternative treatment options and the potential risks and anticipated benefits of the planned procedure with the patient and/or his / her family in light of the POMA findings. All questions have been answered.

Reviewed by: Attending Surgeon's Signature:

Date:

Time:

Print Name:

ADM POMA

