



ADULT PRE-OPERATIVE MEDICAL EVALUATION



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

Table with 2 columns: CONDITION / REVIEW OF SYSTEMS and Indicate condition (#) / Systems Review (CV, Resp, GI, GU, Muscskel, Neuro, Psych, Derm, Heme, Endo) and provide details. Rows include Cardiovascular, Pulmonary, Endocrine, Neurologic, Renal/Genitourinary, Hematologic, Infectious Disease, and 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

Table with 8 columns: BP, Pulse, Temp, Respiration Rate, HT, WT, BMI. Rows include Constitutional, HEENT, Neck, Cardiac, Pulmonary, Gastrointestinal, Extremities, Neuro, Skin, Other.

DATA: EKG, Labs, Imaging, Other: Comment on abnormal:

ASSESSMENT: 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.