

**Patient's** \_\_\_\_\_

Patient Name

Date of Birth

Gender

**Surgery Date:** \_\_\_\_\_

**Surgeon:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

## HISTORY

**Medical History:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

**Surgical History:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

## MEDICATIONS & ALLERGIES

| Current Medications | Dosages |
|---------------------|---------|
|                     |         |
|                     |         |
|                     |         |
|                     |         |
|                     |         |
|                     |         |

| Drug Sensitivities | Reaction |
|--------------------|----------|
|                    |          |
|                    |          |
|                    |          |
|                    |          |
|                    |          |
|                    |          |

**Immunizations:** \_\_\_\_\_

**Latex sensitivity?** ☐ Yes ☐ No

**Social History:** Tobacco: \_\_\_\_\_ Alcohol/Drug: \_\_\_\_\_

**Vitals:** Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**General:** \_\_\_\_\_

**HEENT:** \_\_\_\_\_

**Heart:** \_\_\_\_\_

**Lungs:** \_\_\_\_\_

**Abdomen:** \_\_\_\_\_

**Extremities:** \_\_\_\_\_

**Neurologic:** \_\_\_\_\_

**Other:** \_\_\_\_\_

## SURGICAL READINESS

**Based on the above evaluation:** ☐ this patient is stable for surgery

☐ this patient is not ready for surgery as scheduled

Signature

Date

Signature

Date

Print Name of Practitioner

Office Phone Number

**FAX FORM BACK TO 804-486-3544 WITHIN 5 DAYS OF SURGERY**  
THIS FORM MUST BE COMPLETED WITHIN 30 DAYS OF SURGERY DATE

**VIRGINIA EAR, NOSE & THROAT ASSOCIATES**  
PHONE: 804-484-3700

# Pre-operative Testing Requirements

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These guidelines for pre-operative testing as it pertains to procedures considered "Low Risk for Morbidity & Mortality" in those patients needing general anesthesia:

Testing should be directed to that which is clinically indicated for the patient:

## **Clinical Indications:**

### **GLP-1 agonists**

- For patients on daily dosing consider holding GLP-1 agonists on the day of the procedure/surgery. For patients on weekly dosing consider holding GLP-1 agonists a week prior to the procedure/surgery.
- This suggestion is irrespective of the indication (type 2 diabetes mellitus or weight loss), dose, or the type of procedure/surgery.

### **Urine Pregnancy Test (Within 72 hours)**

- For menstruating female patient

**ECG** for patients with a history of any within the last:

- **6 months:**
  - Hypertension, Arrhythmia, Diabetes
- **2 months:**
  - Angina, Heart Attack, Congestive heart failure
- **last month:**
  - Shortness of breath
- **last week:**
  - Chronic Renal disease

**CBC** (Within 6 months if no interim bleeding, procedures, or changes in health; excluding minor surgery)

- Known anemia or platelet abnormality
- Surgery with potential for significant blood loss
- Chronic renal disease
- Sever chronic disease
- Malignancy, within the last year
- Chemotherapy, within the last year

**Basic Metabolic profile** for patients with a history of any within the:

- **last month:**
  - Use of diuretics, Diabetes, Digoxin therapy, Previous MI/CAD, Hypertension/ Peripheral Vascular Disease, Pacemaker/ AICD/ Valve Disease
- **last week:**
  - Chronic renal disease

### **Type/Screen**

- Potential for significant blood loss, Patient transfused within the past 3 months, Pregnancy related (RH), Autologous donor