



Minnesota Valley Surgery Center
Pre-Operative History and Physical Form

1000 140th Street W., Ste.102
 Burnsville, MN 55337
 Phone 952-232-1110
 Fax 612-416-1649

1. HISTORY

PATIENT INFORMATION

Name: _____ Age: _____ Sex: M F

Surgery/Side: _____

Indication for Surgery: _____ Surgery Date: _____

Weight: _____ **Height:** _____ **BMI:** _____

(Patients with a BMI>39 will be evaluated on a case-by-case basis to determine if they are suitable candidates for outpatient surgery at MVSC)

Allergies/Medical Reactions:

Current Medications:

Past Surgeries:

Past Hospitalizations:

Review of Systems

	YES	NO	Comments:		YES	NO	Comments:
Hypertension				Diabetes			
Heart Disease				Liver Disease			
Angina/CHF/MI				Renal/Prostate Disease			
A fib/Arrhythmias				Infectious Disease			
Pacemaker/AICD				Neurological Disease			
Climb two flights stairs			<input type="checkbox"/> Dyspnea <input type="checkbox"/> Angina	Seizure/Stroke/TIA			
Heart Murmur				Dizziness/Syncope			
Asthma/COPD				Anxiety/Depression			
Smoker/Tobacco use				Alcohol/Illicit drug use			
Sleep Apnea			<input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe	Bleeding Disorder			
Uses CPAP			Please bring CPAP to surgery	Hx GI bleed/Ulcers			
Hx DVT				Reflux/Hiatal Hernia			
Chronic Steroid Use				Hx Post-Op Nausea			
Pregnant				FH Anesthesia Problems			
If a Patient is not sure if she is pregnant, please do a pregnancy test				HX Anesthesia Problems			

Comments: _____

2. PHYSICAL

BP: _____ PULSE: _____ TEMP: _____

	Normal	Abnormal	Comments:
General appearance			
Mental Status			
HEENT:			
Airway			
Cardiac			
Lungs			
Abdomen			
Extremities			
Neurological:			
Pelvic/Rectal	<input type="checkbox"/> Done	<input type="checkbox"/> Not Done	

Test results & date: (attach all pertinent reports i.e. stress test, angiogram, echocardiogram) _____

EKG results & date: _____

Potassium results and date: _____

Other: _____

3. PRE-OPERATIVE ASSESSMENT SUMMARY _____

4. RECOMMENDATIONS (Note: orders must be written on attached physician orders)

- Proceed with surgery
- Additional screening recommended
- Consult (cardiology, other)
- Special orders have been attached to this assessment _____
- Additional test results have been attached to this assessment _____
- Above recommendations were reviewed with patient

Signature: _____ Date: _____

Primary Care Physician: _____ Beeper: _____

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Phone: _____

This patient has been examined by me today and has been found to be a suitable candidate for surgery, with exceptions noted above.

Please fax to Minnesota Valley Surgery Fax # 612-416-1649

www.minnesotavalleysurgerycenter.com