



606 Kilani Avenue, Wahiawa, HI 96786  
(808) 622-2645 FAX (808) 621-3176

### PRE-OPERATIVE CLEARANCE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Relevant History: \_\_\_\_\_

Vital Signs: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

- Head and Neck:  WNL
- Heart / Vasc:  WNL
- Lung / Resp:  WNL
- Abdomen / Back:  WNL
- Extremities:  WNL
- Neurological:  WNL
- Hx of Hepatitis?  Yes  No
- Hx of TB?  Yes  No
- Hx of HIV?  Yes  No

Problems with local anesthetics?  Yes  No

Allergies:  NKDA \_\_\_\_\_

**Diagnosis:**

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

**Medications and Dosages:**

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

**Disposition:**

Okay for eye surgery now.  Not okay, because \_\_\_\_\_

**Remarks:**

The following tests are **NOT NECESSARY** for cases under local anesthesia. If they have been done for other reasons within the past two years, please mark date and results.

- CBC: Date: \_\_\_\_\_ Result:  OK, or: \_\_\_\_\_
- EKG: Date: \_\_\_\_\_ Result:  OK, or: \_\_\_\_\_
- Chest x-ray: Date: \_\_\_\_\_ Result:  OK, or: \_\_\_\_\_
- Blood Sugar: Date: \_\_\_\_\_ Result:  OK, or: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Name Printed: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

NO INTERVAL CHANGES Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_