



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgery: \_\_\_\_\_

Surgeon Name: \_\_\_\_\_

ICD 10 Code: \_\_\_\_\_

**Pre-Surgical Testing  
Recommended Testing Worksheet**

History and Physical (**required for all patients**)

<input type="checkbox"/> <b>HIGH Risk Procedure</b> <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> CXR <input type="checkbox"/> EKG			
<b>INTERMEDIATE Risk Procedure</b> <input type="checkbox"/> <b>Electrocardiogram (EKG)</b> <input type="checkbox"/> BMI > 35 <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Parathyroid Disease <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Peripheral Vascular Disease (PDV) <input type="checkbox"/> Smoking w/in 5yrs <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Renal Dialysis <input type="checkbox"/> Thyroid Disorder			
<input type="checkbox"/> <b>Chest X-Ray (CXR)</b> <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) <input type="checkbox"/> Congestive Heart Failure (CHF)			
<input type="checkbox"/> <b>Complete Blood Count (CBC)</b> <input type="checkbox"/> ≥ to 65yrs old <input type="checkbox"/> History of Anemia <input type="checkbox"/> Liver Disease <input type="checkbox"/> Menstruating <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Cardiac Disease                      /Bleeding <input type="checkbox"/> Metastatic Cancer                      Female <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hypertension <p align="center"><b><u>Day of Surgery</u></b></p> <input type="checkbox"/> Active GI Bleed <input type="checkbox"/> Renal Dialysis			
<input type="checkbox"/> <b>Basic Metabolic Panel (BMP)</b> <input type="checkbox"/> ≥ to 65yrs old <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> On Steroids <input type="checkbox"/> On AR Blockers <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> On ACE Inhibitors <input type="checkbox"/> On Diuretics <input type="checkbox"/> Congestive Heart Disease (CHF) <input type="checkbox"/> Peripheral Vascular Disease (PVD) <input type="checkbox"/> Renal Insufficiency <p align="center"><b><u>Day of Surgery</u></b></p> <input type="checkbox"/> Renal Dialysis			
<input type="checkbox"/> <b>Ionized Calcium CA+</b> <input type="checkbox"/> Metastatic Cancer <input type="checkbox"/> Parathyroid Disease			
<input type="checkbox"/> <b>Prothrombin Time &amp; International Normalized Ratio (PT/INR)</b> <input type="checkbox"/> Dialysis <input type="checkbox"/> Liver Disease <p align="center"><b><u>Day of Surgery</u></b></p> <input type="checkbox"/> On Coumadin			
<input type="checkbox"/> <b>Liver Function Test (LFT)</b> <input type="checkbox"/> Alcohol/Drug History <input type="checkbox"/> Liver Disease <input type="checkbox"/> Metastatic Cancer			
<input type="checkbox"/> <b>Blood Sugar (BS)</b> <input type="checkbox"/> BMI > 35 <input type="checkbox"/> Diabetes Mellitus ( <b>***select HgA1C below***</b> ) <input type="checkbox"/> On Steroids			
<input type="checkbox"/> <b>Pregnancy Test</b> <input type="checkbox"/> Menstruating Females ( <b><i>Pregnancy test required on all menstruating females within 14 days of procedure regardless of risk</i></b> )			
<input type="checkbox"/> <b>Urine Analysis (UA)</b> <input type="checkbox"/> Urinary Symptoms			
<input type="checkbox"/> <b>Drug Levels</b> <input type="checkbox"/> Drug History <input type="checkbox"/> On Digoxin <input type="checkbox"/> On Phenytoin (Dilantin) <input type="checkbox"/> On Valproic Acid (Depakene) <input type="checkbox"/> On Phenobarbital <input type="checkbox"/> On Lithium <input type="checkbox"/> On Carbamazepine (Tegretol) <input type="checkbox"/> On Theophylline			
<input type="checkbox"/> <b>LOW Risk Procedure</b> <input type="checkbox"/> Healthy                      No Additional Testing Required <input type="checkbox"/> Chronic and Stable Medical Conditions                      No Additional Testing Required <input type="checkbox"/> Medical Complex History or Uncontrolled Medical Conditions <input type="checkbox"/> refer to "INTERMEDIATE risk procedure" guidelines			

**Specific Testing Requested by Surgeon:**

**Additional Testing/Consults:**

- PT/INR
- CBC
- BMP
- Urine Analysis (Clean Caught)
- Hemoglobin A1C (HgA1C)
- Uko V o History of MRSA

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Please fax all results to \_\_\_\_\_ at \_\_\_\_\_ when completed.

**\*\*\*\*Please take form to your Pre-Op Appointment\*\*\*\***