

PREOPERATIVE MEDICAL CLEARANCE & ANESTHESIA HISTORY AND PHYSICAL INFORMATION
for Dr. Matt El-Kadi

This form is required for our patients who are scheduled to undergo surgery and will be furnished to the operating room staff and the anesthesiologist for this patient's medical records. **Please complete the entire form and fax to (724) 720-4596 as soon as possible. Please note that any exam performed by CRNA or PA-C must be cosigned by MD or DO.** If you have questions, please call our office at (724) 720-4599 or (877) 635-5234.

Patient Name: _____ DOB: _____

Date of Surgery: _____ Surgeon: Matt El-Kadi, MD

Diagnosis: _____

Procedure: _____

Allergies: _____ Social History: _____

Past Medical/Surgical History: _____

Current Medications: Attach additional list if required.

Name	Dosage	Name	Dosage
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Vital Signs: _____ HR, _____ BP, _____ Resp, _____ Temp,

Physical Findings

Review of Systems:

Endocrine		
GI/GU		
ENT		
Cardiac		
Pulmonary		
Breast		
Abdominal		
Peripheral		
Vascular		
Musculoskeletal		
Neurological		
Other:		

Comments: _____

This patient's pre-operative testing results have been reviewed. This patient is cleared for general anesthesia.

Doctor's Signature: _____ Date: _____

Doctor's Name Printed: _____

Office Phone: _____ Office Fax: _____