INTERNAL MEDICINE

Pre-operative evaluation

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

PLANNED PROCEDURE

Procedure, date and surgeon or facility

Anesthesia type if known

Reason for referral and questions asked by the surgical team

HISTORY

Medical and surgical history

Prior anesthesia problems, personal or family, as reported

Functional capacity as reported

Cardiac, pulmonary and bleeding history as reported

Medications, including anticoagulants and supplements, and allergies

EVALUATION

Vitals measured today, with units

Examination performed and findings

Tests ordered or reviewed, with dates and results

Risk tool used and result, if any

ASSESSMENT AND RECOMMENDATIONS

Risk assessment and reasoning

Medication instructions before and after the procedure

Recommendations and conditions for the surgical team

How and when the recommendation was sent