Surgical Specialty Center of Minnesota
AN AFFILIATE OF SCA

6099 Wayzata Blvd., Suite 300
St. Louis Park, MN 55416
952-887-6320 • Fax 952-831-2613

PRE-OPERATIVE HISTORY & PHYSICAL

PATIENT NAME	AGE	SEX: ☐ MALE ☐ FEMALE
DOB	DATE OF SURGERY	DATE OF H/P
SURGICAL PROCEDURE	ALLERGY OR ADVERSE REACTION/LATEX ALLERGY	
VITAL SIGNS: BP_____ PULSE_____ RESP._____ HT_____ WT_____		

YES	NO	HISTORY	MEDICATIONS	DOSE	FREQUENCY
		Endocrine: DM/THyroid			
		Cardiovascular: CHF/MT/Angina/PVD/Arrhythmia			
		Hypertension:			
		Pulmonary: Asthma/COPD/Sleep Apnea			
		Hepatic: Hepatitis/Cirrhosis			
		Neuromuscular/Stoke/Seizure			
		Renal: Insuff. /Failure			
		Gastrointestinal: Hiatal Hernia/Reflux/Ulcer			
		Bleeding Tendencies/Anemia			
		Smoking, Alcohol or Drug Use			
		Infectious Disease or Recent Exposure			
		Possibility of Pregnancy/Last Menstrual Period			
		Other:			
		Previous Surgery			
		Patient /family HX of anesthesia problems or neuromuscular disease			

FAMILY HX

IMMUNIZATIONS CURRENT ☐ YES ☐ NO

MENTAL STATUS ☐ Alert/Oriented ☐ Other

TEST RESULTS *(See Guidelines)*

PHYSICAL EXAM

	NORMAL	ABNORMAL EXPLANATION
GENERAL APPEARANCE		
HEENT		
NECK		
CHEST		
HEART - BLOOD VESSELS		
LUNGS		
ABDOMEN		
NEUROMUSCULAR		

DATE
PT (See Guidelines)
HB/HCT (See Guidelines)
K+ (See Guidelines)
OTHER
CHEST X-RAY
EKG (or Photocopy)
IMPRESSION (Diagnosis)

RECOMMENDATIONS

This patient has been examined by me and has been found to be an acceptable candidate for surgery with appropriate anesthesia.

Physician Signature_____ **Date**_____

Physician Office Phone #_____

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PRE-SURGERY GUIDELINES

PATIENT NAME: _____

You are scheduled for surgery at Surgical Specialty Center of MN on: _____

TO THE PATIENT

Please bring these pre-operative guidelines to your private physician. They will assist your physician when evaluating your medical condition in preparation for your surgery. Patients undergoing general anesthesia, regional anesthesia MAC, IV block or IV sedation are required have a history and physical examination within 1 month of surgery.

- COVID guidelines change frequently, we will keep you informed of our most current policy.

TO THE PHYSICIAN

PRE-OPERATIVE GUIDELINES: It is essential that the information requested on this form be **completed prior to the patient's scheduled surgery date, with results faxed to Surgical Specialty Center of MN.**

IF THE PATIENT IS SEEN 24 HOURS OR LESS PRIOR TO SURGERY, PLEASE PROVIDE THE PATIENT WITH A COPY OF THE RESULTS TO BRING WITH HIM/HER ON THE DAY OF SURGERY.

HISTORY AND PHYSICAL	**WITHIN 30 DAYS** including a list of current medications
HEMOGLOBIN	**RECENT RESULTS** for patients with a history of bleeding tendencies or anemia, or patients having procedures with potentially significant blood loss
SERUM POTASSIUM	**RECENT RESULTS** for patients on dialysis, diuretics, Digitalis, or long-term corticosteroids and for patients with diabetes or renal disease
CLOTTNG STUDIES	**RECENT RESULTS** for patients on anticoagulation therapy
EKG	**RECOMMEND** within 12 months for all patients 70 years old or older
	CURRENT RESULTS for patients with a history of cardiac disease or cardiac symptoms
BETA BLOCKERS	**CONSIDER** for peri-operative beta blockers for patients with cardiac risk

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PLEASE FAX THE HISTORY AND PHYSICALS AND RESULTS OF ALL LABS, EKG's, AND CHEST X-RAYS TO:

SURGICAL SPECIALTY CENTER OF MN
6099 WAYZATA BLVD., SUITE 300
ST. LOUIS PARK, MN 55416
FAX 952-832-5079

SURGICAL SPECIALTY CENTER OF MN
DICTATION TELEPHONE NUMBER
651-783-5793

If there are any questions regarding these pre-operative guidelines, please call Surgical Specialty Center of MN at 952-877-6320. Please let us know if we can do anything to improve your experience.