



SAINT JOSEPH'S MEDICAL CENTER
PREOPERATIVE/PROCEDURE MEDICAL
CONSULTATION AND EVALUATION

107 South Broadway • Yonkers, NY 10701 • Office: (914) 378-7848 • Fax: (914) 478-5797

Patient's Name: _____ Date: _____	
Name of Physician (Surgeon) Performing Procedure: _____	
Proposed Procedure/Surgery: _____	
Past Medical History: _____	
Medications:	Allergies:
Heart (Cardiology consult with EKG strongly recommended for those patients with cardiac history):	
Lungs:	Weight: _____
Neck:	Height: _____
Other: (Describe other significant physical findings)	B/P: _____
	Pulse: _____
Significant Laboratory Findings:	
Significant Cardiology Findings:	
Comments/Recommendations:	
Limitations:	
Labs/Testing and EKG (when applicable) must be provided on separate sheets.	
Anesthesia Section:	
History of previous anesthesia complications? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain): _____	
History of previous bleeding? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain): _____	
Other anesthesia concerns: _____	
<input type="checkbox"/> In my opinion, there are no absolute medical contraindications to the proposed surgery/procedure.	
<input type="checkbox"/> In my opinion, the patient is medically optimized for the proposed surgery/procedure pending _____	
<input type="checkbox"/> In my opinion, the patient is not cleared for the proposed surgery/procedure.	

Signature of Physician Doing Medical Clearance	Physician Please PRINT Name
Telephone: _____	Address: _____
Date: _____	_____
Laboratory tests will only be accepted from State accredited labs.	LaboratEKG's should be done in Saint Joseph's. If done elsewhere, only 12 lead EKG with offical reading will be accepted. Abnormal EKG may not be acceptable at the discretion of the Anosthesiologists at saint Joseph's. One long strip or poor copies are not acceptable.
Cardiology: It is strongly recomended that a cardiologist on staff at Saint Joseph's be used. All major vascular surgery mandates a cardiology consult.	