CFO | CENTRAL FLORIDA OPHTHALMOLOGY

(689) 999-4222 (O) (689) 999-4225 (F)

HISTORY AND PHYSICAL FOR OPHTHALMIC SURGERY

☑ Monitored Anesthesia Care with Local Anesthesia / IV Sedation

Patient's Name _____ Phone: _____ Surgeon: Dr. Jeffrey Golen, MD

Date of Birth _____ Patient # _____

Planned Procedure _____ Date of Surgery: _____

WE WILL NEED THE FOLLOWING COMPLETED BEFORE YOUR SURGERY DATE:

☑ MEDICAL EVALUATION ☑ PROGRESS NOTES ☑ MEDICATION LIST ☑ ECG WITH INTERPRETATION (IF MEDICALLY INDICATED)

Labs not necessary unless significant kidney disease/dialysis.

☐ Male ☐ Female AGE: _____ HT: _____ WT: _____ BP: _____ P: _____ RR: _____ O2% SAT _____

Implanted Devices: ☐ Stents Date: _____ ☐ Pacemaker Date: _____ ☐ Pacer/Defibrillator Date: _____

☐ I have ordered prophylactic antibiotics because of: _____

Leave blank if NO antibiotics needed

ALLERGIES: ☐ NKDA

Name:	*Reaction:*	*Name:*	*Reaction:*

CURRENT MEDICATIONS: ☐ NONE

Please continue anti-coagulants for ophthalmic sx

****EXCEPT: eyelids or plastic sx***

NAME OF MEDICATION	Dose/Frequency

See reconciled medication sheet dated _____.

SURGICAL HISTORY: ☐ NONE

Surgery	Year

See Progress Notes dated _____.

CARDIOVASCULAR: ☐ WNL ☐ CAD ☐ HYPERTENSION ☐ MI (DATE) _____ *(Must be more than 6 months)*

☐ HEART AUSCULTATION ☐ ECG Interpretation

PULMONARY: ☐ WNL ☐ CHEST AUSCULTATION ☐ ASTHMA ☐ COPD ☐ SLEEP APNEA

NEUROLOGICAL: ☐ WNL ☐ SEIZURES ☐ CVA (DATE) _____ *(Must be more than 3 months)*

ENDOCRINE: ☐ WNL ☐ DIABETES ☐ INSULIN ☐ ORAL ☐ DIET ☐ AVERAGE BS: _____ ☐ THYROID

HEPATIC: ☐ WNL ☐ HEPATITIS

RENAL: ☐ WNL ☐ DIALYSIS/FREQUENCY _____

OTHER: _____

☐ **CLEARED WITH ACCEPTABLE RISK FOR TOPICAL ANESTESHIA/BLOCK WITH SEDATION.**

☐ **PATIENT IS NOT AN ACCEPTABLE RISK FOR SURGERY.**

SIGNATURE OF DOCTOR / APRN / PA _____ Date of Evaluation _____

Name of Doctor / APRN / PA _____ Office Phone #: _____

PLEASE PRINT