



William Osler Health System

www.williamoslerhs.ca

FAMILY DOCTOR TO COMPLETE AND FAX 416-293-5426

Patient Label (Name on health card and DOB)

Pre-operative History and Physical Examination Form

TO BE COMPLETED BY FAMILY PHYSICIAN

Check 'yes' boxes for conditions associated with increased perioperative risk where known

If there have been consultations or investigations within the past 3 years, note & please include copies (where external to William Osler Health System).

Yes No

- Latex Allergy
Allergies - Other. Write medication allergies and note type of reaction

Yes No Not Optimized

- Hypertension
Cardiovascular: Heart Failure, Coronary Stents, Severe Valvular
Exercise Tolerance =4 METS
Pulmonary: PFT (Obstructive/Restrictive, DCO, 6 min walk distance)
Sleep Disorders: OSAS?, CPAP/BiPAP? Compliance?
Renal: Creatinine =170 mmol/l?, Dialysis Method, Dialysis Schedule
Hepatic: Cirrhosis/Varices/Hepatitis?, Alcohol > 5 units/day in past 1 year?
Diabetes and Endocrine: Insulin use?
Neurological: Stroke/TIA
Anticoagulant or Antiplatelet Rx
Hematologic: Sickle Cell Disease (sickle cell crisis), Thromboembolism
Current Medications
Previous Surgical Procedures

Physical Exam

Pulse, BP, Height, Weight, BMI >35, Neck circumference >40cm, Abnormal Physical findings only

Physician's Name: Telephone:

Physician's Signature: Fax: Date: