Gailey Eye Clinic

REPORT OF PHYSICAL EXAMINATION FOR SURGERY

Exam to be performed within 3 months for ASC

FAX to: ☐ 309-828-4586 (BEI in Bloomington) **☐ 217-875-2700 (GESD in Decatur)**

Patient Name: _____ Date of Birth: _____ Age: _____
Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

GENERAL MEDICAL DIAGNOSIS: _____
Past, Family, Social History: _____
Allergies: _____

Physical Exam:	Normal	Abnormal/Comments
General appearance/condition		
HEENT:		
Neurological/mental status		
Heart/Cardiac		
Lungs/Pulmonary		
Gastrointestinal/Genito-Urinary		
Other:		

Please fax med list and allergy list to us along with this document. Thank you.

TESTING REQUIREMENTS FOR ANESTHESIA:
(Please Fax copies to: ☐ 309-828-4586 (BEI) ☐ 217-875-2700 (GESD) ☐ OTHER_____

☐ **MAC/TOPICAL and MAC/LOCAL:**
1. **No EKG or Labs required unless you feel these would help evaluate the patient for surgery.**
2. **Pregnancy test,** urine, or serum, on menstruating females without tubal ligation or hysterectomy, done within 1 week of surg.

☐ **GENERAL ANESTHESIA:**
1. **Basic Metabolic Profile on patients with diabetes, hypertension, heart disease, COPD or other significant medical problems. BMP after last dialysis treatment prior to surgery for those on dialysis. Any labs should be performed by a licensed lab within 3 months of surgical date.**
2. **EKG with interpretation:** within last 12 months for patients 50 yrs and older.
3. **Pregnancy test,** urine, or serum, on menstruating females without tubal ligation or hysterectomy, done within 1 week of surg.
4. **For Dacryocystorhinostomy (DCR):** Prothrombin Time on DCR pts one day prior to surgery if on Coumadin.
5. Aortic stenosis/mitral valve stenosis: **Echocardiogram** required. Consult ASC for **Echocardiogram** time parameters.

Patients who are taking:
☐ **ORAL Glucagon-like peptide-1 receptor agonists (GLP-1)** or **ORAL Sodium Glucose Co-Transporter-2 (SGLT2)**: **Hold** medication for **24 hours** prior to surgery.
☐ **INJECTABLE Glucagon-like peptide-1 receptor agonists (GLP-1): Hold** injection for **ONE WEEK** prior to surgery.

Contemplated surgery: _____
CPT Code: _____ **ICD-10 Code:** _____ **2nd eye: CPT Code:** _____ **ICD-10 Code:** _____
Dr. _____ **Date of surgery:** _____

- For cataract surgery alone, there is no need to discontinue anticoagulants.
- For eyelid or glaucoma surgery, discontinue ASA 2 weeks prior to surgery; anticoagulants per surgeon's recommendations (see form).

Special instructions: _____

General Anesthesia patients with **atrial fibrillation**, **atrial flutter**, **congestive heart failure**, **aortic stenosis, and/or pulmonary hypertension** require cardiac clearance from cardiologist or primary care physician.
☐ **I am giving cardiac clearance for this patient and approve patient for anesthesia/surgery as indicated above.**

Patient approved for anesthesia/surgery as indicated above: (MD, CNP, or PA signature required)

Signed: _____, M.D. Exam Date: _____
Address: _____