



5500 Dr MLK Jr St North ♦ St Petersburg FL 33703
Phone: 727-525-5500

PRE-OPERATIVE EXAM

PATIENT: _____ DATE: _____
DOB: _____

HEIGHT: _____ WEIGHT: _____ BP: _____ HR: _____ RR: _____

PATIENT'S CHIEF COMPLAINT: _____

AREA EXAMINED FOR PROCEDURE: ___NECK/JOWLS ___CHEST ___ARMS ___ABDOMEN
___UPPER FLANKS ___LOWER FLANKS ___HIPS ___OUTER THIGHS ___INNER THIGHS
___KNEES

FINDINGS ON THE AREA EXAMINED FOR PROCEDURE: _____

PICTURES TAKEN ___YES ___NO

HEART: ___RRR , NO MURMURS,CLICKS OR RUBS ___abnormal: _____

LUNGS: ___CTAB, NO RALES, WHEEZES or RHONCHI ___abnormal: _____

ABD: ___NORMAL BOWEL SOUNDS ___abnormal: _____

EXTREMITIES: ___WNL ___abnormal: _____

NEURO: ___DTRs intact ___normal sensation, coordination & normal gait ___abnormal: _____

CBC: ___WNL ___abnormals: _____ CMP: ___WNL ___abnormals _____

EKG: ___NSR ___abnormal: _____

ASSESSMENT(S): ___Pt is medically cleared for surgery. ___Pt. requires medical clearance from their treating physician. ___Further labs requested: _____
___Pt. not a candidate for procedure due to: _____

SURGICAL DATE: _____

MEDICAL STAFF SIGNATURE

Fadi Saba, MD



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PRE-OPERATIVE HISTORY

PATIENT: _____ DATE: _____
DOB: _____

PROPOSED PROCEDURE: _____

PAST MEDICAL HISTORY: _____

WEIGHT HISTORY IN PAST 5 YEARS: _____ # LIGHTEST _____ # HEAVIEST (INCLUDE PREGNANCY WEIGHT)

PAST SURGICAL HISTORY: _____

ANY COMPLICATIONS WITH ANY SURGERY? ___ NO ___ YES : _____

CURRENT MEDICATIONS INCLUDING HERBAL SUPPLEMENTS, VITAMINS, OTC MEDICATIONS:

ALLERGIES: ___ NONE KNOWN ___ NO KNOWN DRUG ALLERGIES ___ YES: _____

SOCIAL HISTORY: ___ SMOKING ___ NO ___ YES: ___ CIGARETTES PER DAY ___ PPD ___ YEARS

___ ALCOHOL ___ NO ___ YES: TYPE _____ HOW MUCH _____

___ SUBSTANCE ABUSE: ___ NO ___ YES: TYPE _____ HOW MUCH _____

FEMALE HISTORY: LMP _____ REGULAR ___ YES ___ NO

BIRTH CONTROL: ___ NO ___ YES: TYPE _____

HYSTERECTOMY: ___ YES ___ NO

ROS: _____

REVIEWED BY MEDICAL STAFF/PHYSICIAN

DATE