

**Pre-Admission Testing Surgery Decision Tool**

Allergies:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Medical History (Section 1)		
Kidney disease or dialysis	Yes	No
Liver disease	Yes	No
Diabetic/Pre-Diabetic/insulin resistant	Yes	No
Anemia, other bleeding disorders, or HIV	Yes	No
Lung disease (COPD/Emphysema) or symptoms of lung disease	Yes	No
History of heart disease, coronary artery disease, stent placement, previous heart attack, abnormal stress test, congestive heart failure, abnormal EKG	Yes	No
History of TIA, or stroke	Yes	No
History of blood clots	Yes	No
History of cancer requiring radiation or chemotherapy	Yes	No
Current alcohol, or drug abuse	Yes	No
Pacemaker or Automatic Implantable Cardioverter Defibrillator (AICD)	Yes	No
Medications (Section 2)		
Digoxin	Yes	No
Nitrates or other heart medication	Yes	No
Anticonvulsants	Yes	No
Diuretics (water pill)	Yes	No
Blood pressure medication	Yes	No
Diet pills (i.e. phentermine, adipex, qsymia)	Yes	No
NSAIDS	Yes	No
Anticoagulants (blood thinners)	Yes	No

Have you been fully COVID vaccinated? Yes No

Date fully vaccinated (1 dose Moderna, 2 doses Pfizer, or 1 dose J&J): \_\_\_\_\_

**For internal office use only: If YES to ANY of the questions below, OR in sections 1 or 2 above, patient will need Pre-Admission Testing**

From section 3, is the Metabolic Activity Score (MET) 3, or less? MET score is the single highest number patient can achieve, not the SUM.	Yes	No
Did the patient answer yes to the last question in section * 3?	Yes	No
Is the patient having a urologic procedure, or having implantation of foreign material?	Yes	No
Orthopedic- total joint revision, above or below knee amputation?	Yes	No
ENT - neck dissection, laryngectomy, glossectomy?	Yes	No
General - colorectal, gastrectomy, mastectomy, atoduodenectomy, splenectomy, thyroidectomy, open abdominal case?	Yes	No
Gynecology- hysterectomy, myomectomy, laparotomy, D&E (missed abortion)?	Yes	No
Neurosurgery - PLIF, TLIF, XLIF, lumbar spine surgery that includes the word "fusion", or multi-level spine except kypho and vertebroplasty?	Yes	No
Plastics- Major flap procedure i.e. DIEP flap?	Yes	No
BMI greater than 40?	Yes	No

**If patient requires PAT, please send COMPLETED form with ALL surgery orders to PreAdmitNorth@chcares.com**  
**If patient does NOT require PAT and has NOT been fully vaccinated, please send order to PreAdmitCOVID@chcares.com**  
**If patient does NOT require PAT, and is fully vaccinated, move forward with scheduling surgery**

Metabolic Activity (Section 3)- Are you able do the following without stopping to rest? Circle the highest number you are able to achieve.		
1. Eat, dress yourself	Yes	No
2. Walk indoors around the house	Yes	No
3. Walk 2 blocks on level ground	Yes	No
4. Climb one flight of stairs without stopping or walk up a hill	Yes	No
5. Run a short distance	Yes	No
6. Do moderate extended work around the house such as vacuuming, sweeping, and dusting	Yes	No
7. Do heavy work around the house such as scrubbing floors, or moving heavy furniture	Yes	No
8. Do yard work such as raking leaves, weed-eating, or pushing a high power mower	Yes	No
9. Participate in moderate recreational activities such as doubles tennis, dancing, bowling, walking golf course	Yes	No
10. Participate in strenuous sports such as swimming, singles tennis, football, basketball, or skiing	Yes	No
If you answered "No" to any of the above questions in section 3, is the limitation due to pain in the extremities?	Yes	No
Does any activity listed in section 3 cause shortness of breath, chest tightness, or chest pain?	Yes	No
<b>*Internal office use: If yes to this question, patient will need Pre-Admission Testing</b>		

Patient Label