

ENT Surgery Pre-Op Clinical Evaluation Form

Patient Information

Full Name

MRN / Hospital ID

Date of Birth

Gender

Contact & History

Contact Number

Referring Physician

Indication for Surgery

Medical History

Past Medical History

Past Surgical History

Drug Allergies

Medications

ENT Examination

General Examination

ENT Specific Findings

Airway Assessment

Mallampati Score

Other Airway Concerns

Lab Investigations

Lab Results Summary

Assessment & Plan

Risk Assessment (ASA / Others)

Plan / Preparedness

Clinician Details

Name

Date

Signature