

# Orthopedic Surgery Pre-Operative Screening Sheet

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Date

## Surgical & Diagnosis Details

Scheduled Surgery

Diagnosis / Indication

Scheduled Date

## Medical History

Allergies

Medications

Comorbidities / Previous Illnesses

## Pre-Operative Screening

Bleeding Disorders

Cardiac Disease

Respiratory Disorders

Diabetes Mellitus

Renal Disease

Previous Surgeries

Other Relevant Conditions

## Recent Laboratory & Imaging

Hemoglobin

WBC / Platelets

Blood Sugar

ECG

Chest X-Ray

## Anesthesia Assessment

Consulted Anesthesiologist

ASA Grade

## Consent

Consent Taken

Special Notes / Precautions