

# Pre-Operative Assessment Form

## Patient Information

Name

Date of Birth

Gender

Medical Record Number

Assessment Date

## Procedure Information

Planned Procedure

Surgeon

Anesthetist

## Medical History

Relevant Medical History

Current Medications

Allergies

## Examination

Vital Signs

Systemic Examination

# Investigations

Investigations / Results

## Assessment & Plan

Assessment

Plan / Recommendations

## Pre-Operative Clearance



Clearance Granted



Clearance Not Granted

Assessor Name

Signature

Date