

Oncology Surgery Pre-Operative Assessment Form

Patient Information

Full Name

Date of Birth

Medical Record Number

Contact Number

Referring Physician

Surgical Details

Planned Surgery

Date of Surgery

Diagnosis

Surgeon

Medical History

Comorbidities

Previous Surgeries

Allergies

Medications

Pre-Operative Assessment

Height (cm)

Weight (kg)

BMI

Vital Signs

ASA Status

Relevant Investigations/Results

Other Clinical Notes

Consent & Plan

Consent Obtained From

Special Considerations

Planned Post-Op Care