



2 Champagne Dr, Unit C2  
 Tel: 416-792-3043  
 Fax: 416-792-8705  
[www.northtorontoeyecare.com](http://www.northtorontoeyecare.com)

PATIENT LABEL

**Pre-operative History and Physical Form Eye Surgery: Neurolept Anaesthesia**

**PLEASE FAX TO 416-792-8705 two weeks before surgery**

Please note that patients are NOT CANDIDATES for our Out-of-Hospital Eye procedures if they have any of the following criteria:

- Unstable cardiac condition, Unstable angina, Pacemaker, Other
- Severe COPD, On home oxygen, or Cannot lie flat
- Morbidly obese (BMI > 40), Poor Mobility (wheelchair, cannot get on stretcher without assistance)
- Alzheimer's or other Cognitive Impairment (autism, Down syndrome, Psychiatric)

**Per the above criteria, is this patient suitable for surgery out of Hospital?**

Yes  No  Should be done in Hospital Only

<u>Functional Inquiry</u>	<u>WNL</u>	<u>If Abnormal, describe:</u>
Neurological	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	
Hematological	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	

**Medications (name and dosage)**

---



---



---



---



---



---



---

Heart Rate:		Respiratory Rate:		Blood Pressure:		Height (cm):		Weight (kg):	
System	Normal	Abnormal	System	Normal	Abnormal				
General			Head, Eyes, Ears, Nose, and Throat						
Neck			Abdomen						
Lungs			Musculoskeletal						
Heart			Neurological						
			Skin and Hair						

ALLERGIES: \_\_\_\_\_

MD NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TEL/FAX \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_