VIRGINIA HEAD AND NECK SURGEONS
19455 Deerfield Ave, Suite 301 | Lansdowne, VA 20176
46169 Westlake Drive, Suite 140 | Sterling, VA 20165
Phone: 703-858-4439 | Fax: 703-858-4489

PRE-OPERATIVE HISTORY & PHYSICAL CLEARANCE FORM

Patient Name: **DOB:**

Surgical Date:

Procedure:

HT: **WT:** **BP:** **P:** **RR:**

Medical/Surgical History:

Current Medications:

Allergies:

Physical Exam:	Normal	Abnormal
HEENT	☐	☐
Heart	☐	☐
Lungs	☐	☐
Abdomen	☐	☐
Extremities	☐	☐
Neuro Status	☐	☐

Labs/Tests

☐ CBC w/ Diff ☐ EKG ≥50 ☐ CMP ☐ CXR ☐ TSH ☐ UA
☐ Other:

Please fax a copy of the history & physical, along with any labs/tests completed, to 703-858-4489 AND 571-472-6560 at least three days before surgery.

Provider Signature: Date: