

Date:

Dear _____

Enclosed please find a pre-surgical form that needs to be filled out in its **entirety** prior to your history and physical appointment here in the office. Please be **very detailed** in your answers, especially regarding your **past medical history** (high blood pressure, diabetes, elevated cholesterol, heartburn, etc.), **previous surgeries, medications** including **pain medication, anti-inflammatory medicines** (see attached list) and **other supplements** (i.e.: Multivitamin, Glucosamine Chondroitin, Calcium, Vitamin E, etc).

We appreciate you taking the time to fill out this form.

YOU NEED TO BRING IT WITH YOU TO YOUR PRE-OPERATIVE APPOINTMENT.

Sincerely,

James A. Slavin, MD
Joseph J. Marotta, MD
Stacy A. Heiler, RPAC
Burdett Orthopedics, PC

LIST OF BLOOD THINNING MEDICATIONS: Circle any products you are taking.

If you take any of the following medications, please tell your physician. In most cases these medications need to be discontinued **7 – 10** days prior to any surgical procedure.

Aspirin (all doses)	Bayer (all varieties)	Feldene
Aleve	Excedrin (all varieties)	Relafen
Naprosyn/Naproxen	Ecotrin	Voltaren
Plavix	Advil	DayPro
Coumadin (Warfarin)	Motrin	Mobic
Lovenox (Low-molecular weight heparin)	Heparin	Effient
Ticlid (Ticlopidine)	Persantine (Dipyridamole)	
Aggrenox (Aspirin/Dipyridamole)	Arixtra (Fondaparinux sodium)	

Many natural supplements also have blood thinning affects on your body. The **MOST common** ones are listed below. Many other supplements can also have adverse affects on your body that could result in complications during or after surgery. For these reasons we strongly recommend that all nonessential natural and herbal supplements be discontinued two weeks prior to any surgical procedure.

Common Supplements known to have blood thinning affects:

Glucosamine	Chondroitin	Fish Oil
Saw Palmetto	Ginko biloba	Omega-3
Black tea	Green tea	
Garlic	Ginger	
Ginko	Guarana	
Horse Chestnut	Vitamin E	

Please tell us if you are taking Celebrex. This medication does not need to be stopped preoperatively.

PRE-OPERATIVE MEDICAL HISTORY

PATIENT'S NAME _____ SEX ____ AGE ____ DOB _____

WHAT **ORTHOPEDIC** CONDITION WARRANTS YOUR VISIT TODAY? _____

DATE OF SURGERY: _____

LIST ALL MEDICATIONS (INCLUDING PAIN MEDICATIONS), SUPPLEMENTS, VITAMINS, HORMONES AND NUTRITIONAL AIDS THAT YOU TAKE INCLUDING OVER THE COUNTER MEDICINES: 1) _____ 2) _____

3) _____ 4) _____ 5) _____

LIST ALL MEDICAL CONDITIONS (EXAMPLE: HIGH BLOOD PRESSURE, DIABETES, ETC) YOU ARE BEING TREATED FOR AND REASONS FOR ANY MEDICINES THAT YOU TAKE:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

LIST ALL MEDICATION ALLERGIES YOU HAVE: NONE 1) _____

2) _____ 3) _____ 4) _____

LIST ALL SURGERIES YOU HAVE HAD & APPROXIMATELY WHEN THEY WERE PERFORMED: 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

ALCOHOL USE _____ TOBACCO USE (CURRENT & PAST) _____

ARE YOU **LEFT HANDED OR RIGHT HANDED?** LEFT RIGHT

DO YOU **USE A CANE, BRACE OR ANY OTHER ORTHOPEDIC/AMBULATORY AIDS?** _____

DO YOU HAVE ANY **METALLIC IMPLANTS IN YOUR BODY?** (PACEMAKER, HEART VALVE, METAL FRAGMENTS) _____

RECENT ILLNESS OR HEALTH STATUS CHANGE _____

ANY OF THE FOLLOWING SYMPTOMS? CIRCLE ALL THAT APPLY.

FEVER/CHILLS

NASAL CONGESTION, SNEEZING, SORE THROAT, HEADACHE

NAUSEA, VOMITING, DIARRHEA, ABDOMINAL PAIN, HEART BURN

CHEST PAIN, COUGH, SHORTNESS OF BREATH

FREQUENT URINATION OR BURNING

DEPRESSION, ANXIETY, NERVOUSNESS

SIGNATURE

DATE