

Patient Medical Report for Surgery Clearance

Patient Information

Name: [Patient Name]
Date of Birth: [DOB]
Gender: [Gender]
Medical Record Number: [MRN]

Medical History

- Past Medical Conditions:** [List all relevant conditions]
- Past Surgical History:** [List previous surgeries]
- Allergies:** [List allergies, including drug, food, latex]
- Family History:** [Relevant family medical history]
- Social History:** [Smoking, alcohol, drug use]

Current Medications

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Physical Examination

- Blood Pressure:** [BP]
- Heart Rate:** [HR]
- Respiratory Rate:** [RR]
- Temperature:** [Temp]
- General Findings:** [Other exam findings]

Laboratory and Diagnostic Results

- Complete Blood Count (CBC):** [Results]
- Electrolytes Panel:** [Results]
- Renal/Liver Function Tests:** [Results]
- Electrocardiogram (EKG/ECG):** [Results]
- Chest X-Ray:** [Results]
- Other:** [Any other relevant tests]

Assessment

Summary: [Brief clinical summary of patient's current health status, chronic problems, and suitability for surgery.]

Potential Surgical Risks: [Mention any identified risks or contraindications.]

Clearance Decision

Based on the above findings, the patient is [cleared/not cleared] for surgery at this time.

Physician Information

Name: [Physician Name]
Signature: _____
Date: [Date of report]

*An accurate **patient medical report** for surgery clearance is essential for evaluating the individual's overall health and identifying any potential risks. This comprehensive document includes detailed medical history, current medications, and necessary test results to ensure safe surgical procedures. Proper clearance helps optimize patient outcomes and supports informed decision-making by healthcare providers.*