

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

Surgeons Medical Assessment - Baseline – Version: 7/31/2007 FORMV

Patient ID _____ - _____ - _____ ID

Form Completion Date SMABDAT

mm dd yy

Certification number: CERT _____

Visit: 1

Surgery Date: SURGDAT

Has the patient ever had...

No Yes

Specify treatment(s) within the past 12 months

LEG

1. Leg swelling accompanied by blistering, infections, discolorations or alterations of the skin:

If yes →

No	Yes	No	Yes
HOSE	Support hose	UNNA	Unna boots
DIURET	Diuretic	BOOT	Sequential compression boots
OPER	Operation(s)	LEGOTH	Other (Spe: LEGOTHS)
THIN	Blood thinners		
LEGELE	Elev. of the legs		

FILTER

2. Filter placement to prevent blood clot

ANGINA

3. Angina: If yes →

Symptoms in past 12 months? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes →	If yes, classification level (See page 2):
ANGINAS	ANGINAC

HTN

4. Hypertension

ABNEKG

5. Abnormal EKG but unable to assess ischemia

IRREG

6. Treatment for irregular heart beat

PCI

7. Percutaneous Coronary Intervention

CABG

8. CABG

VALVE

9. Heart valve operation

CHF

10. CHF: If yes →

NYHC: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Unknown	CHFS
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COPD

11. COPD: If yes →

Operation on lungs for COPD? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	COPDS
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APNEA

12. Sleep apnea:

If yes →

a. Operation for sleep apnea? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	OPERATE
b. Currently use C-PAP/Bi-PAP? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes → If yes, frequency of use (see page 2):	CPAPS
CPAP	Rarely Sometimes Often Always
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Specify permanent problems resulting from stroke

STROKE

13. Stroke: If yes →

No	Yes	No	Yes
SENS	Sensory	SPEECH	Speech problems
MOTOR	Motor	MEMORY	Memory or cognitive

PUL

14. Pulmonary hypertension

HYP

15. Hypoxemia/hypercarbia syndrome

CORP

16. Cor pulmonale

PTC

17. Pseudotumor cerbri (PTC): If yes →

Undergone surgery for PTC? <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes	PTCS
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COAGUL

18. Coagulopathy

Canadian Cardiovascular Society Classification Level

- Class I:** Ordinary physical activity, such as walking several blocks or climbing stairs does not cause angina. Angina will occur with strenuous, rapid, or prolonged exertion at work or recreation.
- Class II:** Moderate exertion, such as walking or climbing rapidly, walking uphill, walking or stair climbing after meals, in wind, or when under emotional stress or during periods after awakening, or walking more than 2 level blocks, or climbing more than one flight of stairs causes limiting angina symptoms. Comfort at rest. Slight limitation of ordinary activity.
- Class III:** Ordinary physical activity, such as walking 1-2 level blocks or climbing one flight of stairs at a normal pace, causes limiting anginal symptoms. Comfort at rest. Marked limitation of ordinary activity.
- Class IV:** Any physical activity that causes limiting symptoms. Anginal symptoms may be present at rest with prior exertional angina.

Definitions of "frequency of use" if patients use C-PAP/BiPAP:

- Rarely:** Less than once per week
Sometimes: About 3 times per week
Often: About every day
Always: I use it every time I sleep