Surgeons Medical Assessment Follow-up - Version: 04/01/2011 FORMV Patient ID	Ente	ered: _	_// 20 Initia	ls: Verified: / / 20 Initials: For office use only.							
Patient ID											
Certification number:	Surgeons Medical Assessment Follow-up – Version: 04/01/2011 FORMV										
Cert VISIT Visit: Source(s) of Information (check all that apply):	Pati	ent ID									
INPERSON □ Patient in Person OTHPHYS □ Other Physician or Clinician BYPHONE □ Patient Representative OSOURCE □ Other (Specify:OSOURCES	Cer	tificatio	on number:								
REPRESNT □ Patient by Telephone REPRESNT □ Patient Representative OSOURCE □ Other (Specify:OSOURCES	Sour	ce(s) of	Information (check all that appl	ly):							
Patient Representative OSOURCE Other (Specify: OSOURCES OSOURCES	INP	ERSON	☐ Patient in Person	OTHPHYS Other Physician or Clinician							
In the past 12 months, has the patient had No Yes 1. Leg swelling accompanied by bilistering, infections, discolorations or alterations of the skin: LEG_F If Yes → 1. Leg swelling accompanied by bilistering, infections, discolorations or alterations of the skin: LEG_F If Yes → 1. Leg swelling accompanied by bilistering, infections, discolorations or alterations of the skin: LEG_F 1. Sequential compression boots BOOT 1. Peroutaneous Cornary 1. No medication 2. Single medication 3. Multiple medications HTN FMEI 1. Sequential compression boots BOOT 1. Sequential compression boots BOO	BYF	PHONE	☐ Patient by Telephone	CHART □ Chart Review							
No Yes	REF	PRESNI	Patient Representative	OSOURCE Other (Specify:OSOURCES)							
No Yes	T 41.	10	Annual and an electrical								
1. Lcg swelling accompanied by blistering, infections, discolorations or alterations of the skin: LEG_F Support hose HOSE		_	a monins, nas ine patient naa	Specify treatment(s) within the past 12 months							
or alterations of the skin: LEG_F Diuretic DIURET			1. Leg swelling accompanied by								
Diuretic DIURET Sequential compression boots BOOT Other LEFOTH Specify: LEGOTHS Operation(s) OPER Other LEFOTH Specify: LEGOTHS Operation of the legs LEGELE											
Operation(s) OFER Operation(s) OFER Specify: LEGOTHS Blood thinners THIN Elevation of the legs LEGELE 2. Filter placement to prevent blood clot FILTER 3. Angina: ANGINA If Yes → If Yes → If Yes, classification level (See page2): □ I □ II □ III □ IV ANGINAC 4. Hypertension HTN If Yes → In No medication 2. Single medication 3. Multiple medications HTN FMEI 5. Abnormal EKG but unable to assess ischemia ABNEKG F 6. Treatment for irregular heart beat IRREG F 7. Percutaneous Coronary Intervention PCI F 8. CABG CABG F 9. Heart valve operation VALVE F 10. CHF: CHF If Yes → NYHC: □ I □ II □ III □ IV □ Unknown CHFS 11. COPD: COPD If Yes → Operation on lungs for COPD? □ 0. No □ 1. Yes COPDS 12. Polysomnogram: PSG If Yes → Apnea-Hypopnea Index? (AHI):PSG FAHI 13. Sleep apnea: APNEA F If Yes → Apnea-Hypopnea Index? (AHI):PSG FAHI 14. Stroke: STROKE No Yes No Yes Speech problems Speech Speech problems Speech 14. Stroke: STROKE No Yes Speech problems Speech Speech problems Speech 14. Stroke: STROKE No Yes Speech problems Speech Sp			or alterations of the skin: LEG_	□ □ Diuretic DIURET □ □ Sequential compression boots BOOT							
□ □ □ □ □ □ □ □ □ □			If Yes →								
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3. Angina: ANGINA F If Yes → If yes, classification level (See page2): □ □ □ □ □ □ □ □ □ II □ III □ IV ANGINAC 4. Hypertension HTN F If Yes → 1. No medication 2. Single medication 3. Multiple medications HTN FMEI 5. Abnormal EKG but unable to assess ischemia ABNEKG F 6. Treatment for irregular heart beat IRREG_F 7. Percutaneous Coronary Intervention PCI_F 8. CABG CABG_F 9. Heart valve operation VALVE_F 10. CHF: CHF_F If Yes → NYHC: □ □ □ □ □ □ □ IV □ Unknown CHFS 11. COPD: COPD_F If Yes → Operation on lungs for COPD? □ 0. No □ 1. Yes COPDS 12. Polysomnogram: PSG_F If Yes → Apnea-Hypopnea Index? (AHI):PSG_FAHI 13. Sleep apnea: APNEA_F				☐ ☐ Elevation of the legs LEGELE							
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9. Heart valve operation VALVE_F 10. CHF: CHF_F If Yes → NYHC:			·								
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□ 11. COPD: COPD_F If Yes → Operation on lungs for COPD? □ 0. No □ 1. Yes COPDS □ 12. Polysomnogram: PSG_F If Yes → Apnea-Hypopnea Index? (AHI):PSG_FAHI □ 13. Sleep apnea: APNEA_F If yes → a. Operation for sleep apnea? □ 0. No □ 1. Yes OPERATE b. Currently use C-PAP/Bi-PAP? □ 0. No □ 1. Yes CPAP → If yes, frequency of use (See page2): CPAPS Rarely Sometimes Often Always □ □ □ □ Specify permanent problems resulting from stroke □ 14. Stroke: STROKE_F If yes → □ □ Sensory SENS □ □ Speech problems SPEECH	Ш		-								
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APNEA_F If yes → a. Operation for steep apinea? □ 0. No □ 1. Yes CPAP → If yes, frequency of use (See page2): CPAPS Rarely Sometimes Often Always Specify permanent problems resulting from stroke 14. Stroke: STROKE_F If yes → No Yes Sensory SENS □ Speech problems SPEECH			12. Polysomnogram: PSG_F If Ye	Apnea-Hypopnea Index? (AHI):PSG_FAHI							
Specify permanent problems resulting from stroke 14. Stroke: STROKE_F If yes → No Yes Sensory SENS Speech problems SPEECH			APNEA_F a. Operation for steep aprica? 0. No 1. Les OPERATE b. Currently use C DAD/B; DAD? 0. No 1. Ves CDAD > If yes frequency of use (See page 2):								
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				Specify permanent problems resulting from stroke							
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			If yes \Rightarrow								

		Patient ID				
	15. Pulmonary hypertension PUL_F					
	16. Hypoxemia/hypercarbia syndrome HYP_F					
	17. Cor pulmonale CORP_F					
	18. Pseudotumor cerbri (PTC): PTC_F If yes →	Undergone surgery for PTC? \Box 0. No	□ 1. Yes PTCS			
	19. Coagulopathy COAGUL_F	ABWALLC	ABWALLS			
	20. Abdominal wall hernia: ABWALL_F If yes → Curr	Current? \Box 0. No \Box 1. Yes \rightarrow if yes, symptomatic? \Box 0. No \Box 1. Yes				

Patient ID		_			_	

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 light or 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, causing 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