

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____
For office use only.

Surgeons Medical Assessment Follow-up – Version: 04/01/2011 FORMV

Patient ID _____ - _____ - _____ **ID** **SMAFDAT Form Completion Date** ___/___/20___
mm dd yy

Certification number: _____ **CERT** **VISIT Visit:** _____

Source(s) of Information (check all that apply):

- INPERSON** Patient in Person **OTHPHYS** Other Physician or Clinician
BYPHONE Patient by Telephone **CHART** Chart Review
REPRESENT Patient Representative **OSOURCE** Other (Specify: _____ **OSOURCES** _____)

In the past 12 months, has the patient had...

No Yes

Specify treatment(s) within the past 12 months

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

If Yes →

No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Filter placement to prevent blood clot **FILTER_F**

3. Angina: **ANGINA_F** *If Yes →*

If yes, classification level (See page2): I II III IV **ANGINAC**

4. Hypertension **HTN_F** *If Yes →*

1. No medication 2. Single medication 3. Multiple medications **HTN FMED**

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: I II III 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**

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 →

No	Yes	No	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 15. Pulmonary hypertension **PUL_F**
- 16. Hypoxemia/hypercarbia syndrome **HYP_F**
- 17. Cor pulmonale **CORP_F**
- 18. Pseudotumor cerebri (PTC): **PTC_F** *If yes* →
- 19. Coagulopathy **COAGUL_F**
- 20. Abdominal wall hernia:
ABWALL_F *If yes* →

Undergone surgery for PTC? 0. No 1. Yes **PTCS**

ABWALLC

ABWALLS

Current? 0. No 1. Yes → if yes, symptomatic? 0. No 1. Yes

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