



2 Champagne Dr, Unit C2
 Tel: 416-792-3043
 Fax: 416-792-8705
www.northtorontoeyecare.com

PATIENT LABEL

Pre-operative History and Physical Form Eye Surgery: Neurolept Anaesthesia

PLEASE FAX TO 416-792-8705 two weeks before surgery

Please check mark if patient has any of the following:

- Unstable cardiac condition, Unstable angina, Pacemaker, Other
- Severe COPD, On home oxygen, or Cannot lie flat
- Morbidly obese (BMI > 40), Poor Mobility (wheelchair, cannot get on stretcher without assistance)
- Alzheimer's or other Cognitive Impairment (autism, Down syndrome, Psychiatric)

Functional Inquiry	WNL	If Abnormal, describe:
Neurological	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	
Hematological	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	

Medications (name and dosage)

Heart Rate:		Respiratory Rate:		Blood Pressure:		Height (cm):		Weight (kg):	
System	Normal	Abnormal	System	Normal	Abnormal	System	Normal	Abnormal	
General			Head, Eyes, Ears, Nose, and Throat						
Neck			Abdomen						
Lungs			Musculoskeletal						
Heart			Neurological						
			Skin and Hair						

ALLERGIES: _____

MD NAME _____ SIGNATURE _____

TEL/FAX _____ / _____ DATE _____