

Findling Surgical, P.C.

Fillip M. Findling D.O.

Surgery of the Hand, Wrist, & Elbow

Long Island Office:

15 Munro Blvd.

Valley Stream, New York 11581

Phone: (516) 791-5800

Fax: (516) 837-3999

Queens Office:

58-50 Catalpa Ave

Ridgewood, New York 11385

Phone: (718) 821-1910

Fax: (718) 821-1125

PATIENT NAME:

SURGERY DATE:

Dear Doctor:

The following is a list of testing that is required prior to surgery:

1. _____ SMA-18
2. _____ HCG
3. _____ Urinalysis
4. _____ CBC with DIFF
5. _____ PTT
6. _____ PT/INR
7. _____ CXR Interpretation (patients over 70, within 6 months of surgery)
8. _____ EKG Tracing
9. _____ Complete H&P with Medical Clearance (See attached)
10. _____ Other: _____

Please note that blood, urine, and the H&P with clearance must be done within 30 days of the scheduled surgery. All of the above results together with the attached H&P/Medical clearance form must be faxed to:

Findling Surgical, P.C.

(516) 837-3999

or

(718) 821-1125

If the above is not received at least 5 days before the scheduled surgery, the hospital will cancel the surgery.

Your prompt attention to the above is greatly appreciated. If you have any questions, please do not hesitate to contact the office at (516) 791-5800 or (718) 821-1969.

Thank you.

Fillip M. Findling, D.O.



Maimonides

Medical Center
Brooklyn, NY 11219

Amb Surg Pt

NOTE: This form is to be used for patients whose stay is 48 hours or less

SHORT STAY CHART FORM

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS Indication for procedure):

HISTORY OF PAST ILLNESS – MEDICAL: None HTN Afib CAD
 Aortic Stenosis (if significant, cardiac eval is required) CHF Asthma COPD
 CVA Seizure Kidney Dis. Dialysis Thyroid Dis. DM GERD
 Other (specify):

HISTORY OF PAST ILLNESS – SURGICAL: None AICD PPM CABG
 Valve Replacement Other (specify):

ALLERGIES: None Latex Food Medication (specify):

SOCIAL: None Smoking ETOH Drug (specify):

MEDICATIONS: None Herbal

Medications (specify):

Review Of Systems	Cardiovascular <input type="checkbox"/> WNL <input type="checkbox"/> Chest Pain <input type="checkbox"/> SOB <input type="checkbox"/> Claudication <input type="checkbox"/> Syncope
	Exercise Tolerance (in blocks): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> > 4 <input type="checkbox"/> Other:
	Respiratory <input type="checkbox"/> WNL <input type="checkbox"/> Dyspnea <input type="checkbox"/> Cough <input type="checkbox"/> Other:
	Digestive <input type="checkbox"/> WNL <input type="checkbox"/> Other:
	Genito-Urinary LMP: <input type="checkbox"/> Normal <input type="checkbox"/> Not Done <input type="checkbox"/> Other:
	Central Nervous <input type="checkbox"/> WNL <input type="checkbox"/> Other:
Metabolic <input type="checkbox"/> WNL <input type="checkbox"/> Other:	

Personal history of bleeding Family history of bleeding

Temp.	Pulse	RR	BP	GENERAL APPEARANCE: <input type="checkbox"/> Within Normal Limits (WNL)
				MENTAL STATUS: <input type="checkbox"/> Alert <input type="checkbox"/> Awake <input type="checkbox"/> Oriented <input type="checkbox"/> Confused
				<input type="checkbox"/> Other:

Head-Eye-Ear-Nose-Throat WNL Other:

Adenopathy-Neck-Axilla-Groin WNL Other:

Heart-Size-Murmurs WNL Other:

Lungs-Percuss-Auscult WNL Other:

Abdomen-Liver-Spleen WNL Other:

Genitalia-Rectal WNL Other: Deferred

Extremities-Bones-Joints WNL Other:

Neurological WNL Other:

DIAGNOSIS:

PROPOSED PROCEDURE:

ATTACH PERTINENT LABS, X-RAYS, EKG

Resident/NP/PA Signature	Print Name	Date	Time
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Signature below attests that I have reviewed the patient's history and examined the patient.

Attending Signature	Print Name	Date	Time
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FOR SURGICAL/PROCEDURAL PATIENTS (to be completed by Attending):

Medical Evaluation Update: If H&P is performed prior to admission, please complete:

- Patient checked today and there is no change in H&P/Medical Evaluation.
- History & Physical changed and/or additional pertinent info (explain on back):

Signature & Title _____ Print Name _____ Date ____/____/____ Time ____:____
 AM
PM

Fax to:

718-283-7436