MERCY MEDICAL CENTER
1000 North Village Avenue / Rockville Centre, NY 11570

MEDICAL EVALUATION

PATIENT NAME | DATE

REQUESTED BY | EVALUATION BY

TYPE OF SURGERY, IF APPLICABLE

HISTORY OF PRESENT ILLNESS:

PAST HISTORY:

SYSTEM REVIEW:

ALLERGIES / TYPE:

MEDICATIONS: *(Include OTC/NSAIDS, Health Food Drug; Date Discontinued):*

HABITS AND OTHER:

FAMILY HISTORY: *(Sudden Death or Anesthetic Reactions):*

LAB DATA *If Indicated*	NORMAL	ABNORMAL
CBC		
SMA6		
SMA12		
UA		
PT / PTT		
CXR		
EKG		

PHYSICIAN SIGNATURE | DATE

PHYSICAL EXAMINATION

WT.	HT.	BP	P	T	R

HEENT

NECK

BREASTS

LUNGS

HEART

ABDOMEN

EXTREMITIES / PULSES

RECTAL / GYN* *(*Date last done or reason if not done)*

NEUROLOGICAL ASSESSMENT

DIAGNOSES / ASSESSMENT

RECOMMENDATIONS

Beta Blocker Criteria Met. Start: ☐ Metoprolol 25mg orally **OR**
☐ Atenolol 25mg orally

If an EKG and/or Chest X-ray is necessary, a copy of the EKG and Report must be attached.

PHYSICIAN SIGNATURE DATE