

Medical Clearance Form

Patient Name: _____ Date of Birth: _____ Age: _____

Please assist in providing a risk assessment for the above patient undergoing a low risk (<1% Boersma et al) procedure. The stimulator trial and implant are performed under moderate sedation, typically with Propofol. We want to provide the best care for our patients and make sure they are optimized for what is considered a low risk procedure. Thank you for your time.

Medical History:

Unstable Angina Recent MI (within 30 days) CHF Arrhythmia Severe/Critical Valvular Disease
 COPD Recent Hospitalization Recent URI History of cardiac stents (Date of Insertion)
 Asthma Use of Inhalers History of intubation Other:

No history of chest pain, palpitations, shortness of breath, dyspnea or wheezing

Medications:

Anticoagulant: _____ (i.e Plavix, Coumadin, Xaralto, Aspirin, Heparin, Effient, Pradaxa)

Other Cardiac Medications: _____

Allergies: _____

Vitals: Pulse _____ BP _____ Height _____ Weight _____

Physical Functional Capacity:

>4 METS (e.g climb 2 flights of steps, walk up hill, heavy housework such as scrubbing)

1-4 METS (e.g eat, dress, walk inside the house)

CV: Reg Irregular

Respiratory: Clear Unlabored Other

Recommendation: I have reviewed the relevant data and my assessment is:

Proceed without supplement work up

Proceed following additional evaluation with:

- INR, PT
- EKG / Echocardiogram / Stress Test (Cardiology Clearance)
- Other: _____

Contraindicated due to: _____

Additional Medical History: _____

Physician Name (Print): _____

Physicians Signature: _____

Date: _____

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