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**Medical Evaluation/Clearance**

Patient Name \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Past History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Physical Examination & Review of Systems**

- HEENT  \_\_\_\_\_
- Chest  \_\_\_\_\_
- Abdomen  \_\_\_\_\_
- Gen/Urinary  \_\_\_\_\_
- Extremities  \_\_\_\_\_
- Neuro  \_\_\_\_\_

Recommendations: \_\_\_\_\_

Vital Signs: \_\_\_\_\_ B.P. \_\_\_\_\_ P. \_\_\_\_\_ R. \_\_\_\_\_ T. \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Laboratory Work within Normal Limits: \_\_\_\_\_

Abnormal Labs (Please Address) \_\_\_\_\_

Patient Cleared for Ambulatory Surgery: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ M.D.

Tel No. \_\_\_\_\_

