RHVI RENO HEART & VASCULAR INSTITUTE

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CARDIAC PRE-OPERATIVE RISK ASSESSMENT FORM

Patient Information:

Name: _____ **DOB:** _____ **Age:** _____

Phone: _____ **Address:** _____

Referring Provider and Planed Procedure:

Provider: _____ **Office Fax:** _____

Procedure: _____ **Scheduled Date:** _____

Medical History:

☐ HTN ☐ HLD ☐ Diabetes ☐ CAD ☐ Arrhythmia ☐ Heart Failure ☐ Valvular Disease

☐ Abnormal EKG ☐ Other _____

Current Medications: ☐ List of medications sent with referral

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For Cardiology Office Use Only:

Recent Tests/Imaging (if applicable):

☐ ECG ☐ Echocardiogram

☐ Stress Test ☐ Cardiac Catheterization

☐ Other: _____

Clearance Status:

☐ Low cardiac risk

☐ Moderate cardiac risk

☐ High Cardiac Risk

Anticoagulation / Antiplatelet

☐ May hold anticoagulation ____ days as needed

☐ May hold antiplatelet ____ days as needed

Please resume therapy as soon as safe

Comments: _____

Cardiologist: _____ **Date:** _____ **Signature:** _____