



Hilo Benioff
Medical Center

Anesthesia Review

Fax or hand deliver this form, and any applicable documents, to OR at (808) 974-7060

Please complete all information below. Incomplete forms may be declined.

OR or Anesthesia Staff: Place this form and associated documents in the Anesthesia Office **IN BOX**.

Provider's Name:		Provider's Contact:	() -	
Provider's Fax:	() -	Account Number:		
Patient's Name:		DOB:		
Procedure & DX:		Date of Service:		
Specific question/concerns:				
Past Medical History:	Circle all that apply: Ischemic Heart Disease CHF TIA or CVA IDDM Cr>2.0 mg/dl			
	BMI:			
Other Pertinent Hx	Yes	No	Please answer the following:	If yes, please provide additional information:
			Received Cardiac Clearance?	Cardiologist:
			Uses Blood Thinners?	Name of blood thinner:
			Has a Pacemaker/AICD?	Type of device:
			History of Difficult Airway?	Type of device:
Functional Capacity			Can take care of self (eat, dress, or use toilet on their own)?	
			Can walk up a flight of stairs or walk up a hill?	
			Can do heavy work around the house (scrubbing floors, lifting or moving heavy furniture)?	
			Can participate in strenuous sports (swimming, singles tennis, football, or basketball)?	

Requesting Providers: Please complete all info (above) prior to sending for review. Please indicate the reason/concern and include the work up of that concern.

Call 932-3271, 932-6323, or 932-6368 if you have any questions about this form.

For Anesthesiologist Only

After reviewing the chart, please do the following:

- ☐ Make a note about your review in the patient's chart.
- ☐ Contact requesting provider directly if you have any concerns or recommendations.
- ☐ Place chart, with this review form, in the Anesthesia Office **OUT BOX**.

GI/Endoscopy Lab Clearance:

- ☐ This patient is appropriate for the Outpatient GI/Endoscopy Lab
- ☐ Recommend to schedule patient through outpatient OR

Anesthesia/OR Staff: Please fax this form back to the provider once Anesthesia is complete.