SAMPLE MEDICAL CLEARANCE FORM

PREOPERATIVE CLEARANCE — ELECTIVE RIGHT TOTAL KNEE ARTHROPLASTY

1 PATIENT INFORMATION

NAME
Robert A. Delgado

DATE OF EVALUATION
March 14, 2025

DOB
07/22/1958 (66 yrs)

PROVIDER
Karen Mitchell, MD — Internal Medicine

AGE / SEX
66 / Male

FACILITY / CLINIC NAME
Northside Internal Medicine Associates

MRN / PATIENT ID
NM-448120

REQUESTING PARTY / FACILITY
St. Vincent Orthopedic Surgery Center

REASON FOR CLEARANCE
Preoperative medical clearance for elective right total knee arthroplasty, scheduled April 2, 2025.

PC PURPOSE OF CLEARANCE

Patient is a 66-year-old male scheduled for elective right total knee arthroplasty under general anesthesia. Orthopedic surgeon requests preoperative medical clearance to assess perioperative cardiovascular and pulmonary risk given the patient's history of hypertension, type 2 diabetes, and prior tobacco use. Surgery is anticipated in approximately three weeks.

MH MEDICAL HISTORY

Cardiovascular:

Hypertension, well controlled on lisinopril. No history of coronary artery disease, MI, arrhythmia, or heart failure. No prior cardiac interventions.

Pulmonary:

Former smoker (20 pack-years, quit 2016). No asthma or COPD. Occasional exertional dyspnea attributed to deconditioning. No known sleep apnea.

Endocrine / renal / hepatic:

Type 2 diabetes mellitus, diagnosed 2014, on metformin; most recent A1c 6.9%. No known renal or hepatic disease.

Neurologic:

No seizure disorder, stroke, TIA, or syncope. No focal neurologic deficits.

Hematologic:

No bleeding or clotting disorder. Not on anticoagulation. No history of anemia.

Anesthesia / surgical history:

Cholecystectomy 2011 and inguinal hernia repair 2003, both under general anesthesia without complication. No history of adverse anesthetic reactions.

Pregnancy status:

Not applicable.

CS CURRENT SYMPTOMS / FUNCTIONAL STATUS

Acute symptoms:

Denies chest pain, palpitations, dizziness, syncope, fever, or acute illness. Reports right knee pain limiting ambulation, consistent with underlying osteoarthritis.

Functional capacity:

Able to climb one flight of stairs and walk two blocks before knee pain limits activity; no cardiopulmonary limitation. Estimated functional capacity greater than 4 METs. Independent in all ADLs.

New or worsening symptoms:

No new or worsening cardiopulmonary symptoms since last visit.

MR MEDICATION REVIEW

Anticoagulants / antiplatelet:

None. Takes no aspirin or antiplatelet agents.

Diabetes medications:

Metformin 1000 mg twice daily. To hold morning of surgery per protocol.

Blood pressure / cardiac:

Lisinopril 20 mg daily. Hold morning of surgery; resume postoperatively once hemodynamically stable.

Steroids / controlled substances:

None.

Medication changes required:

Hold metformin and lisinopril the morning of surgery. No other changes required.

AL ALLERGIES

Penicillin — hives (documented). No known latex, contrast, adhesive, food, or environmental allergies.

V VITALS

TEMPERATURE
98.4 °F

OXYGEN SATURATION
98% on room air

BLOOD PRESSURE
128/78 mmHg

HEIGHT / WEIGHT
5′10″ / 214 lb

HEART RATE
72 bpm, regular

BMI
30.7

RESPIRATORY RATE
14 / min

PAIN SCORE
4/10, right knee

PE PHYSICAL EXAMINATION

GENERAL APPEARANCE
Well-appearing, in no acute distress.

ABDOMEN
Soft, non-tender, no organomegaly; well-healed surgical scars.

HEENT
Normocephalic, atraumatic; oropharynx clear.

NEUROLOGICAL
Alert and oriented; no focal deficits; normal gait aside from antalgic favoring right knee.

CARDIOVASCULAR
Regular rate and rhythm, no murmurs, rubs, or gallops; no peripheral edema.

MUSCULOSKELETAL / MOBILITY
Right knee with crepitus and reduced range of motion; left lower extremity normal.

RESPIRATORY
Clear to auscultation bilaterally; no wheezes or crackles.

SKIN / WOUNDS
Intact, no active lesions or wounds.

AIRWAY ASSESSMENT
Mallampati Class II; adequate mouth opening and neck extension; no anticipated airway difficulty.

L LAB AND DIAGNOSTIC RESULTS

Laboratory studies:

CBC within normal limits (Hgb 14.6). CMP unremarkable; creatinine 0.9, eGFR >60. A1c 6.9%. Coagulation studies normal (INR 1.0).

Cardiac testing:

12-lead ECG shows normal sinus rhythm, no ischemic changes. No further cardiac testing indicated given functional capacity >4 METs and low-risk surgery.

Pulmonary testing:

Chest X-ray clear; no acute cardiopulmonary process. No PFTs indicated.

Imaging / other diagnostics:

Right knee radiographs (orthopedics) confirm severe tricompartmental osteoarthritis.

Prior records reviewed:

Prior operative and anesthesia records from 2011 cholecystectomy reviewed — no perioperative complications.

RA RISK ASSESSMENT

Patient presents for intermediate-risk orthopedic surgery. Cardiovascular risk is low: functional capacity exceeds 4 METs, no active cardiac conditions, normal ECG, and controlled hypertension. Revised Cardiac Risk Index score of 1 (diabetes on insulin not applicable; oral agent only), corresponding to low perioperative cardiac risk. Pulmonary risk is mild given remote tobacco history without active disease. Diabetes is well controlled with acceptable A1c. No contraindications to proceeding. BMI of 30.7 and remote smoking history warrant standard DVT prophylaxis and early mobilization postoperatively.

CD CLEARANCE DETERMINATION

CLEARED WITH PRECAUTIONS

Clearance Status:

Cleared for elective right total knee arthroplasty under general anesthesia, with standard perioperative precautions as noted below.

Rationale:

Low perioperative cardiac risk with functional capacity >4 METs, controlled comorbidities, unremarkable preoperative workup, and no active contraindications. Precautions relate to diabetes management, DVT prophylaxis, and medication holds.

RR RECOMMENDATIONS / RESTRICTIONS

Medication instructions:

Hold metformin and lisinopril the morning of surgery; resume postoperatively when tolerating oral intake and hemodynamically stable.

Activity restrictions:

None preoperatively beyond current knee-related limitations.

Monitoring requirements:

Perioperative glucose monitoring with sliding-scale insulin as needed; monitor blood pressure closely with medications held.

Anesthesia / airway precautions:

No anticipated airway difficulty; standard general anesthesia appropriate.

Infection control precautions:

Standard surgical prophylaxis; note penicillin allergy — use non-penicillin perioperative antibiotic.

Follow-up testing / referrals:

None required prior to surgery.

PT PATIENT COUNSELING

Discussed perioperative risks and expectations, the importance of holding metformin and lisinopril the morning of surgery, glucose control during recovery, DVT prevention through early mobilization, and warning signs (chest pain, shortness of breath, calf swelling, fever) that warrant urgent evaluation. Patient verbalized understanding and agreed to the plan.

F FOLLOW-UP

No preoperative follow-up required. Routine postoperative primary care follow-up within two weeks of surgery to reassess blood pressure, resume home medications, and review glucose control. Available to communicate with the surgical and anesthesia teams as needed.

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT	COUNSELING / COORDINATION TIME
40 minutes	15 minutes

E/M LEVEL

99214 — Established patient, moderate complexity

BASIS FOR BILLING

Medical Decision Making

PRIMARY ICD-10 CODE	SECONDARY ICD-10 CODE(S)
Z01.818 — Encounter for other preprocedural examination	M17.11 (primary osteoarthritis, right knee); I10 (essential hypertension); E11.9 (type 2 diabetes)

SO PROVIDER SIGN-OFF

PHYSICIAN / PROVIDER NAME	CREDENTIALS / SPECIALTY	LICENSE NUMBER	DATE	TIME
Karen Mitchell, MD	MD, Internal Medicine	MD-0392174	03/14/2025	10:45