

Date: _____

Name: _____

Residence: _____

Phone: _____

Sex: _____

Age: _____ D.O.B.: _____

Weight: _____

Height: _____

BMI: _____

Hypertension: _____ On Meds: _____ Controlled: _____

Previous Bariatric Surgery: _____

Peripheral Vascular Disease: _____

Family History of Deep Vein Thrombosis or Pulmonary Embolus: _____

Family History of Heart Disease: _____

Ever had Cardiac Catheterization or Intervention: _____

Last General Anesthesia: _____

Severe Shortness of Breathe: _____

Smoke: _____

Sleep Apnea: _____

Steroids: _____

Score:

- Male 1
- Age > 45 1

- BMI > 50 1
- HX PE 1
- Hypertension 1

- A 0-1
- B 2-3
- C 2-5

Appointment: _____

Surgery: _____

List of Medications:
