



HANANESTHESIOLOGY

Cardiovascular Consult Request

Dear Physician,

The patient named below is scheduled for an elective general anesthesia in a **non-hospital environment**. Please provide your expert opinion by completing this form and returning it to: office@hananesthesiology.com or faxing it to 214-614-7484.

Thank you.

Patient Name: _____ Patient Date of Birth: _____

1. We are a mobile anesthesia practice with NO ICU, invasive monitoring, and other advanced capabilities present in a hospital setting. For this reason, any patients with the following presentations are at an extremely high risk for fatal anesthesia complications in an office-based environment. **Do any of the following apply to this patient?**

- Pulmonary Hypertension, even if mild
- A-Fib on RVR
- CHF, even if mild
- BMI > 40
- Uncontrolled HTN (Systolic > 180 OR Diastolic > 100)
- Moderately or significantly increased risk of MACE compared to the general public

2. **Do any of the following apply to the patient?**

- On anticoagulation therapy (please indicate if the patient may hold)
- Pacemaker/AICD
- Previous revascularization therapy

3. Does the patient need any **further cardiovascular evaluation** at this point?

- No Yes

4. **Please attach** any recent visit notes, diagnostics, and labs. Please also provide any additional comments:

I _____ (physician name/title) attest to the accuracy of the information and the opinion provided herein.

Signature: _____ Date: _____