CARDIOLOGY SPECIALISTS
MEDICAL GROUP INC
the heartbeat of the Inland Empire

Cardiac Clearance Questionnaire

*****In order to better serve our mutual patients, Cardiology Specialists Medical Group requires the following information before evaluating a patient for cardiac clearance. This form can be faxed to our office or brought with the patient on the day of the visit.**

1) Patient Name_____

2) Date of Birth_____

3) Date of Surgery_____

4) Type of Surgery_____

5) Length of Surgery_____

6) Type of Surgery_____

7) Estimated Blood Loss_____

8) Should Anti-Coagulation Medicine Be Stopped: Yes or No (Please Circle)

Signature_____ Date_____