

Pre-Procedure Screening and Clearance Sheet

Directions: Please complete all sections prior to the scheduled procedure. This document is to be placed in the patient's physical chart upon completion.

1. Patient Information

Patient Full Name:	<input type="text"/>	Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
Medical Record Number (MRN):	<input type="text"/>	Date of Procedure:	<input type="text" value="MM/DD/YYYY"/>
Scheduled Procedure:	<input type="text"/>	Performing Physician:	<input type="text"/>

2. Pre-Procedure Clinical Screening

Enter "Yes", "No", or "N/A" for each screening question, and provide details where necessary.

Screening Question	Response (Yes/No/NA)	Details / Notes
Has the patient maintained NPO status as instructed?	<input type="text"/>	<input type="text" value="Last oral intake time"/>
Does the patient have known allergies (latex, contrast, contrast dye, medications)?	<input type="text"/>	<input type="text" value="List reactions"/>
Is the patient on blood thinners / anticoagulants?	<input type="text"/>	<input type="text" value="Last dose date/time"/>
Does the patient have a pacemaker, ICD, or metallic implants?	<input type="text"/>	<input type="text" value="Device details"/>
Pregnancy screening required and completed?	<input type="text"/>	<input type="text" value="Result/Date of test"/>
Informed consent signed and in chart?	<input type="text"/>	<input type="text" value="Verified by"/>
Responsible driver identified for post-procedure discharge?	<input type="text"/>	<input type="text" value="Driver name & phone"/>

3. Pre-Procedure Vital Signs

Blood Pressure (BP):	<input type="text" value="mmHg"/>	Heart Rate (HR):	<input type="text" value="bpm"/>
Respiratory Rate (RR):	<input type="text" value="/min"/>	Temperature:	<input type="text" value="Â°F or Â°C"/>
Oxygen Saturation (SpO2):	<input type="text" value="%"/>	Weight:	<input type="text" value="lbs or kg"/>

4. Laboratory & Diagnostic Clearance

Test	Result	Date of Test	Abnormal Findings / Intervention Required
CBC (Hgb/Hct/Plt)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Coagulation (PT/INR/aPTT)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
BMP (Potassium/Creatinine)	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
EKG / ECG	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>

5. Provider Clearance & Sign-Off

Confirm the patient's readiness for the scheduled procedure.

Clearance Status:	<input type="text" value="Cleared / Pending / Cancel"/>		
Conditions / Special Instructions:	<input type="text" value="e.g., Hold specific meds, p"/>		
Screening Nurse Signature:	<input type="text" value="Sign name"/>	Date/Time:	<input type="text" value="MM/DD/YYYY 00:00"/>
Clearing Provider Signature:	<input type="text" value="Sign name"/>	Date/Time:	<input type="text" value="MM/DD/YYYY 00:00"/>