

# Mary Ann Jocson-Gebusion, M.D., FPCP

ADULT HEALTHCARE PHYSICIAN - INTERNAL MEDICINE

## CLINIC ADDRESS AND SCHEDULE:

Bacolod Queen of Mercy Hospital OPD  
Tuesday & Wednesday  
11 am - 1 pm  
ACM laboratory Bago City Public Market  
Wednesday & Saturday  
2 pm - 5 pm



## HOSPITAL AFFILIATIONS:

Bacolod Queen of Mercy Hospital  
Bacolod Adventist Medical Center  
South Bacolod General Hospital  
The Doctors' Hospital  
For Schedule please contact:  
(0933) 316 4054 & (0922) 292 4876

## PERIOPERATIVE RI SATISFACTION FOR NONCARDIAC SURGERIES

### GENERAL DATA

### DATE

Name of Patient

Age

Gender

Civil Status

Female  
 Male

Single  Widow/er  
 Married  Separated

Last Name

First Name

Middle Name

Referred by

Referred to

Referred for

Cardiopulmonary Risk Stratification  
 Co-management

Proposed Procedure

Type of Anesthesia

Urgency

STAT  Social Emergency  
 Elective/Scheduled/Non-emergent

### PATIENT HISTORY

#### Past Medical History

- Chronic Coronary Heart Disease/Ischemic Heart Disease
- Heart Attack/Myocardial Infraction
- Heart Rhythm Disorder
- Cardiomyopathy
- Congenital Heart Disease
- High Blood Pressure
- Bronchial asthma/COPD
- History of allergies to food and/or drugs \_\_\_\_\_
- History of cerebrovascular disease
- History of agina
- History of palpitations
- History of previous surgeries:

Procedure \_\_\_\_\_ Date of operation \_\_\_\_\_ Outcome \_\_\_\_\_

Others, specify: \_\_\_\_\_

#### Maintenance Medications

#### Family History

- Diabetes Mellitus
- Hypertension
- TIA/Stroke
- Rheumatic/Valvular Heart Disease
- Bronchial Asthma
- Cancer
- COPD

#### Drinking of Alcoholic Beverage

Type \_\_\_\_\_ Da/Wk/Mo/Yr/Qt

Unit of measure

bottle  glass  shot

Age started drinking \_\_\_\_\_

No. of years drinking \_\_\_\_\_

#### Smoking

≤ 1 pack consumed / day

≥ 1 pack consumed / day

Age started smoking \_\_\_\_\_

No. of years smoking \_\_\_\_\_

### PHYSICAL EXAMINATION

Vital Signs BP. \_\_\_\_\_ CR. \_\_\_\_\_ RR. \_\_\_\_\_ Temp. \_\_\_\_\_ O2 Sat. \_\_\_\_\_

- |   |   |  |                                      |   |
|---|---|--|--------------------------------------|---|
| <input type="checkbox"/> Awake                    | <input type="checkbox"/> CLADs              | <input type="checkbox"/> SCE                       | <input type="checkbox"/> AP          | <input type="checkbox"/> Flat/globular/distended              |
| <input type="checkbox"/> Drowsy                   | <input type="checkbox"/> Anterior Neck Mass | <input type="checkbox"/> CBS                       | <input type="checkbox"/> RCRR        | <input type="checkbox"/> Ascites                              |
| <input type="checkbox"/> Unconscious              | <input type="checkbox"/> NVEs               | <input type="checkbox"/> Wheeze                    | <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Bowel sounds: hypo/normo/hyperactive |
| <input type="checkbox"/> Ambulatory               | <input type="checkbox"/> Heaves             | <input type="checkbox"/> Crackles                  | <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Soft                                 |
| <input type="checkbox"/> Cardiopulmonary Distress | <input type="checkbox"/> Thrills            | <input type="checkbox"/> Decreased breathe sounds  | <input type="checkbox"/> Murmur      | <input type="checkbox"/> Tenderness: RLQ/Flank/_____          |
| <input type="checkbox"/> Grossly N extremities    | <input type="checkbox"/> Limited ROM        | <input type="checkbox"/> Joint Swelling/Tenderness |                                      |   |

### OTHER RISK FACTORS IDENTIFIED

- LOW RISK
- MODERATE RISK
- HIGH RISK

### PERIOPERATIVE RISK STRTIFICATION BY DETSKI ET AL

PATIENT TO DEVELOP  
PERIOPERATIVE COMPLICATIONS  
WHEN UNDERGOING

- LOW RISK
  - MODERATE RISK
  - HIGH RISK
- PROCEDURE

### SPECIAL ORDERS

MARY ANN JOCSO - GEBUSION, MD, FPCP

LIC NO.: 111833

PTR NO.: \_\_\_\_\_