

Name: \_\_\_\_\_  
Male  Female   
J #: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
OHIP #: \_\_\_\_\_

## FAMILY PHYSICIAN INSTRUCTION SHEET

**(Surgeon to complete this box for Family Physician)**

Patient \_\_\_\_\_ is scheduled for surgery  
(Name of Patient)

\_\_\_\_\_ (Procedure)  
Surgery is on \_\_\_\_\_ with \_\_\_\_\_  
(Date) (Name of Surgeon)

### TO THE FAMILY PHYSICIAN

- Please complete the "Pre-Operative History & Physical Exam" form, FAX to the Surgeon's Office and give the original back to the patient. Please instruct them to bring the original form to St. Joseph's Health Centre when they come in for the pre-admission appointment or on the day of their surgery.
- Assist the patient with the "Patient Self-Assessment" if they have difficulty with it.
- Fax copies of pertinent investigations/ information (e.g. recent ECG, ECHO, stress tests, angiogram, sleep study, laboratory results, and specialist consult notes) with the above forms to the Surgeons Office.

**Please fax the completed forms to the Surgeon Office fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**  
**by \_\_\_\_\_.**