

# COMPLEX PERIOPERATIVE CARE CONFERENCE

Referral Date: \_\_\_\_\_ Location: ward \_\_\_\_\_  not admitted

Referred by: \_\_\_\_\_  Surgeon  Anesthesiologist  
printed name

Proposed Surgical Procedure/s:

---

---

Indication for Surgical Procedure/s:

---

Main Perioperative Concerns:

---

---

---

Booked for Surgical Procedure:

Yes → date of procedure: \_\_\_\_\_  delayed

No → proposed date of procedure: \_\_\_\_\_

Urgency for booking Conference

< 1 week  1-2 weeks  2-4 weeks Confirmed date: \_\_\_\_\_

Participants:

Confirmed participation:

Surgeon: \_\_\_\_\_  Yes

Anesthesia: \_\_\_\_\_  Yes

Critical Care: \_\_\_\_\_  Yes

Cardiology: \_\_\_\_\_  Yes

Respiriology: \_\_\_\_\_  Yes

Other: \_\_\_\_\_  Yes

Patient /  Family  Yes

