

Mohs Micrographic Surgery (MMS) Pre-Operative Worksheet

DATE Rec'd _____

SURGERY DATE / TIME: _____

REFERRING PHYSICIAN: _____

PATIENT NAME (Last, First MI): _____

FMP/ FULL SSN: _____

PATIENT: _____ RANK: _____ DATE OF BIRTH: _____

CONTACT NUMBERS: (W) _____ (H) _____ (C) _____

MMS LOCATION	DX	SIZE (cm)	DURATION (Months)
--------------	----	-----------	-------------------

A. _____	_____	_____	_____
----------	-------	-------	-------

B. _____	_____	_____	_____
----------	-------	-------	-------

Allergies (Meds / Environmental): _____

Medications: _____

Date Stopped (if applicable): _____

Antibiotic Prophylaxis Required: _____ Reason: _____

Previous skin cancers: _____ Type / Tx: _____

Family history of skin cancer: _____

Smoker: _____ Amount: _____

Skin: normal abnormal scarring poor healing other: _____

Cardiac: normal pacemaker valve dysf other: _____

Vascular: normal HTN DVT other: _____

Hematological: normal bleeding issues anemia other: _____

Lymphatic: normal enlarged LN edema other: _____

Infectious: normal HIV / AIDS hepatitis other: _____

Neurological: normal stroke seizures other: _____

Respiratory: normal asthma COPD other: _____

Endocrine: normal thyroid dysfunction Diabetes other: _____

Musculoskel: normal artificial joints arthritis other: _____

Psych: normal anxiety attacks depression other: _____

Constitutive: normal weight loss fever other: _____

Mohs Micrographic Surgery (MMS) Pre-Operative Worksheet

CHECKLIST FOR PATIENT COUNSELING (PRIOR TO SURGERY):

- Recommend patient come to surgery accompanied with driver, if needed.
- Prophylactic antibiotics one hour prior to surgery (if applicable)
- Discontinue Aspirin (1) week prior to surgery (only if prophylactic & no h/o vascular event)
- Discontinue smoking (1) week prior to surgery and at least (1) week post-op (if applicable)
- Query / Counsel patient about planned travel 2 weeks after surgery / need for post-op care
- Provide patient MMS information sheet or directions to web site for information

CHECKLIST FOR REFERRING PHYSICIAN'S ACTION PRIOR TO MMS SURGERY:

- Consult entered into CHCS/AHLTA to WRNMMC Derm for MMS
- Pathology report and slide attached
- Complete Patient pre-operative worksheet (back side of this sheet)
- Digital photo of each lesion attached (if available)
- MMS scheduled in Microsoft Outlook
- Prophylactic antibiotics prescribed (if applicable)