

Please complete prior to your anesthesia interview.

Name of Patient: _____ **Date of Surgery:** _____

Surgeon: _____ **Type of Surgery:** _____ **Today's Date:** _____

Patient's Age: _____ **Height:** _____ **Weight:** _____

List prior SURGERIES and type of anesthetics. Make note of any problems with anesthetics:

List all MEDICATIONS you are presently taking and their dosages: (herbals and over the counter medications)

_____	_____
_____	_____
_____	_____
_____	_____

List any known ALLERGIES to medications or other products and the reaction you experienced:

Please review the following questions and circle "YES" when appropriate:

HAVE YOU EVER HAD?

Heart attack or heart failure?	Yes	Glaucoma or eye problems?	Yes
Heart surgery, by-pass or balloon procedure?	Yes	Seizures, stroke or TIA's?	Yes
Heart catheterization?	Yes	Fainting spells or blackouts?	Yes
Treadmill test or thallium scan?	Yes	Weakness/ numbness of an extremity?	Yes
Chest pains or angina?	Yes	Back pain or trouble?	Yes
High and low blood pressure?	Yes	Kidney or Renal disease?	Yes
Irregular heartbeat or murmur?	Yes	Cancer of any kind?	Yes
Diabetes?	Yes	Any complication other than nausea or vomiting with anesthesia?	Yes
Asthma, Emphysema, Shortness of breath?	Yes	Were you ever told you had a difficult airway or breathing tube?	Yes
TB or abnormal Chest X-ray?	Yes	Any family member had trouble with anesthesia or Malignant Hyperthermia?	Yes
Thyroid problems?	Yes		
Anemia or bleeding problems?	Yes		
Jaundice, Hepatitis, Liver disease?	Yes		

DO YOU NOW HAVE?

Chipped, missing or loose teeth?	Yes	Do you drink alcohol?	Yes
Dentures, removable bridges or capped teeth?	Yes	Do you smoke?	Yes
Chest pain or shortness of breath?	Yes	Packs/Day _____ # of Years _____	
A cold or fever? Sinusitis?	Yes	How long since you last smoked? _____	
Chronic or frequent cough?	Yes	Are you pregnant?	Yes
Heartburn or Hiatal hernia?	Yes	Last menstrual period? _____	
Any difficulty moving your neck?	Yes	Glasses, contacts or hearing aid?	Yes

List any other medical problems:

Person to contact for further information and phone number:
