

Have you completed this questionnaire in the last year? No / Yes If yes, just note any changes.

Patient Name (print) _____ Today's date _____

DOB _____ Height _____ Weight _____ Surgery Date _____

Procedure _____ Surgeon _____

Check all conditions that apply to you and add any that pertain to you which are not listed.

Anesthesia History: ___NONE

___Anesthesia reaction ___Loose teeth ___Malignant hyperthermia
___Difficult to intubate ___Post-op nausea & vomiting ___Other _____

Airway & Neck: ___NONE

___Difficulty swallowing ___Sleep apnea ___Other _____
If so, device used & settings:

Neuro/Psych: ___NONE

___Headaches ___Parkinson's ___Spinal cord injury
___Head trauma/injury ___Seizures ___Stroke
___Mentally disabled ___Depression/Anxiety ___Other _____

Cardiovascular: ___NONE

___Pacemaker ___Heart disease ___Hypertension
___Arrhythmia ___Blood clot or Phlebitis ___Mitral valve prolapse
___Heart attack ___Peripheral vascular disease ___Chest pain
___Heart failure ___Other _____

Pulmonary: ___NONE

___Asthma ___Lung cancer ___Shortness of breath
___Emphysema ___Pulmonary embolism ___Other _____

GI/Endocrine: ___NONE

___Diabetes ___Hiatal hernia ___Thyroid disease
___Hepatitis ___Reflux/Heartburn ___Other _____

Musculoskeletal: ___NONE

___Arthritis ___Muscle weakness ___Other _____

Renal/GU: ___NONE

___Difficulty urinating ___Renal failure ___Other _____

Hematological/Cancer: ___NONE

___Anemia ___HIV/AIDS ___Prior transfusions
___Cancer ___MRSA ___Sickle cell
___Excessive bleeding ___Other _____

Surgical History: ___NONE

___Amputation ___Cardiac stent ___Lung resection
___Back surgery ___Hysterectomy ___Nephrectomy
___Heart bypass ___Joint replacement ___Other _____

Medication Form

Name _____

Please list your medications (include over-the-counter medications as well as supplements and herbal remedies), the dosage, and how often you take each.

	Home Medications, Supplements, and Herbal Remedies	Dose	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			