



Patient Identification

PRE-OPERATIVE & PRE-ANESTHETIC ASSESSMENT

HAVE YOU HAD OR STILL HAVE	YES	NO		HAVE YOU HAD OR STILL HAV	YES	NO	
A cold, presently				Chest x-ray in last year			
Sleep apnea				EKG in last 6 months			
Use of home oxygen				Lab work in last 2 weeks			
Emphysema				Partials or dentures			
Asthma				Capped or loose teeth			
Other lung disease, e.g. TB				Body jewelry			
Do you or have you smoked?				Anesthesia problems yourself or family			
Packs per day?				Do you have an Advanced Directive?			
Heart attack, When?				Latex sensitivity / Allergy			
Chest pain, angina				Other illness:			
Irregular or skipped beats							
Heart murmur							
High blood pressure							
Heart failure							
Heart catheterization							
Angioplasty, bypass surgery				Previous Surgeries:		When?	
Circulation problems							
Anemia or sickle cell disease							
Jaundice, hepatitis							
Liver disease							
Alcoholic beverages, daily							
Thyroid problems							
Kidney or bladder disorder							
Diabetes				Current Medications Including Herbal			
Gastric reflux/GERD							
Hiatal hernia							
Colon problems							
Arthritis							
Back or disc problems							
Migraine headaches							
Seizures / epilepsy							
Stroke / paralysis							
Numbness or tingling				Allergies to Medications:		Type of Reaction:	
Other neurologic problems							
Frequent black-out episodes							
Ever addicted to drugs/recreational							
Diagnosed with cancer							
Could you be pregnant?							
Last menstrual period							
Do you get motion sick							
History of nausea or vomiting				Signature of Patient		Date	
with pain medicines							
after surgery				x			
Pediatric patients. Premature							
Peds. Immunizations up to date							

Age: _____ M / F HT: _____ WT: _____ NPO: _____
 Mental Status: Normal ___ Altered ___
 Airway: I II III IV
 Lungs:
 Heart:
 ASA: I II III IV
 Plan: GA MAC GA/MAC Regional: _____
 Post-Op Pain Mgmt. Block: ISB Popliteal AXB FIC FEM

Surgery site verified by patient: L R BIL NA
 EKG:
 H/H: _____ FBS: _____ K+: _____
 Comments:

Anesthesia management & risks explained to patient/guardian.
 Consent to proceed. q

Anesthesiologist Signature _____ Date _____