



PATIENT NAME: \_\_\_\_\_ SURGEON: \_\_\_\_\_ SURGERY DATE \_\_\_\_\_

Please provide the following information for review by your anesthesia provider. This information will be used to better plan a safe and effective anesthetic.

Family Doctor \_\_\_\_\_ DOB \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS HEIGHT \_\_\_\_\_

Have you now or in the past had any of the following:

- Checkboxes for various medical conditions: Bronchitis, Emphysema, Asthma, Hay Fever, Sinus Infection, Tuberculosis, Abnormal Chest X-Ray, Smoking History, Shortness of Breath, Cough, cold, sore throat, Motion Sickness, Muscle Disorder, High Blood Pressure, Heart Attack, Heart Murmur, Chest Pain, Heart Disease, Pacemaker, Bleeding Tendency, Abnormal ECG, Blood Clots, Congestive Heart Failure, Anemia, Diabetes, Thyroid Disease, Kidney Disease, Jaundice, Hepatitis, Liver Disease, Cancer, Stomach/Bowel Problem, Convulsions, Epilepsy, Stroke, Fainting, Back Pain, Slipped Disk, Sciatica, Broken Bones of Face, Back or Neck, Alcohol Consumption, LATEX ALLERGY, Recreational Drug Use, Take Aspirin or Ibuprofen, Previous Transfusion of Blood or Blood Product, Refused Blood Transfusion, Relative with Severe Reaction to anesthesia, Loose Teeth or Dental Caps, Dentures or Bridges, Contact Lenses, Glasses, Hard of Hearing, Hearing Aid, Caffeine Consumption, Diet Pills, Egg Allergy, CPAP, Snoring or Sleep Apnea, Reflex Sympathetic Dystrophy.

NO MEDICAL/SURGICAL HISTORY

ARE YOU PREGNANT?  YES  NO  N/A

Table with 4 columns: List Past Surgeries Below, Anesthesia Type (Local, Spinal, General), Any Complications, Year/ Date.

Medications: Prescriptions (Include herbal medications)

Table with 2 columns: Name, Dose & Frequency.

List Allergies/ Reactions

PLEASE READ AND SIGN: Answers to the above represent a true and complete history, to the best of my knowledge. I am aware that, while anesthesia is a safe and low risk procedure, all anesthetics have a risk of complications. Those include, but are not limited to dental damage, seizures, nerve injury, headache, respiratory complications, heart attack, major organ damage, fetal demise, and even death. Understanding the above, I agree to proceed.

\* This information will be valid for 30 days.

Signature

Relationship

Date