ANESTHESIA QUESTIONNAIRE & PRE-ANESTHESIA EVALUATION

Age____ Sex M F Height_____Weight_____ **Date ___/___/___**

List all medicines and mark those taken today with an asterisk	List all drug allergies	List all operations and dates (include heart catheterizations)
	Latex, tape or dye allergy?	

Comments/Pertinent Labs/Exam

	YES	NO
1. Have you or a family member ever had a problem with an anesthetic other than nausea?	☐	☐
2. Have you ever or do you now smoke, how much and for how long……..	☐	☐
3. Do you have a cold, cough or have any breathing difficulty?	☐	☐
4. Do you have asthma? What induces it? When was you last episode?	☐	☐
5. Do you have high blood pressure? For how long?	☐	☐
6. Do you have a heart murmur? Mitral valve prolapse?	☐	☐
7. Have you ever had an abnormal EKG?	☐	☐
8. Have you ever had angina or a heart attack?	☐	☐
9. Do you ever wake up short of breath or have swelling over your shins?	☐	☐
10. Do you get short of breath walking up two flights of stairs?	☐	☐
11. Do you have "hardening of your arteries"?	☐	☐
12. Have you had kidney disease or require a special diet due to your kidneys?	☐	☐
13. Have you ever had hepatitis or been jaundiced?	☐	☐
14. Do you have a hiatial hernia, acid reflux, or an ulcer?	☐	☐
15. Do you drink alcohol? If yes, how much and how often?	☐	☐
16. Have you ever had a stroke?	☐	☐
17. Do you have a limb that becomes weak or numb?	☐	☐
18. Have you ever had seizures, loss of vision or speech?	☐	☐
19. Do you have diabetes? For how long?	☐	☐
20. Do you have thyroid disease?	☐	☐
21. Do you have back, neck or jaw pain?	☐	☐
22. Do you have any bleeding disorders or anemia (low blood count)?	☐	☐
23. Have you taken aspirin, Coumadin, Plavix or Lovenox in the last week?	☐	☐
24. Do you have any chipped, loose, crowned or capped teeth?	☐	☐
25. Is there any removable item(s) in your mouth?	☐	☐
26. Have you taken any diet medications in the last month?	☐	☐
27. Have you had any diseases requiring chemotherapy or radiotherapy?	☐	☐
28. Is there any chance you could be pregnant? Date of last period……	☐	☐
29. Please describe any medical conditions not addressed above……	☐	☐
30. Have you read, and do you understand all of the questions listed above?	☐	☐

_____ _____ _____
Patient/Guardian Date Reviewing Staff

THIS SECTION FOR STAFF USE

BP_____ _____Pre-anesthesia questionnaire reviewed
P _____ _____Pt identified, interviewed and examined
PT_____ _____Anesthetic plan discussed with pt
SpO2_____ GA TIVA Regional MAC Other
Airway_____
NPO since
_____ _____Risk/benefit/alternatives explained, questions answered & pt wishes to proceed with anesthetic

ASA 1 2 3 4 5 E

Signature_____

Date_____

Time_____

Post-Op Note: ☐ No Post-Op Anesthetic Complications/ May Discharge

Comments
_____
_____
_____

Anesthesia Signature_____