ANESTHESIA EVALUATION/QUESTIONAIRE

Ht: Wt: i	#/KgBMI:	Pain Scale:	Surgeon/Surgical Procedure/Site Verification:			
BP:H	IR:SaO2:	T: (°F):				
NPO SINCE:			Other Medical History:			
Allergies: medication, tape/adhesive, latex, food:egg/soybean/sulfite			·			
Medications: (including herbal) ☐ See Medication Reconciliation List			Anesthetic History: (check those that apply)			
Tobacco History : pack/day or can/day x years Quit when:			☐ Post-op N/V ☐ Difficult Intubation ☐ Malignant Hyperthermia ☐ Fused Bones (Neck, Back) ☐ Relative w/ anestheric problems ☐ Other concerns (specify):			
Alcohol Use : □ Never □ Sometimes □ Daily						
Surgical History:			Questionaire completed by (nursing signature, date, time):			
			Patient Review: I agree that the documentation of my medical history is complete, correct, current (patient/guardian signature, date, time):			
HEALTH HISTORY (Check those that apply)			*****Anesthetist Use Only*****			
Endocrine:	☐ Diabetes (oral/diet/insulin controlled) ☐ Thyroid disease (hyper/hypo)		PHYSICAL EXAM:			
Neurologic:	☐ Prednisone/cortisone u☐ Stroke		Airway:	Loose teeth/Dental abnormalities Neck masses/Airway obstruction Neck full range of motion Mal Class: 1 2 3 4	NO YES NO YES YES NO	
Phychiatric: ENT: Cardio-	□ Deafness□ Recent cough/cold	□ Psychiatric illness□ Deviated septum□ Dentures□ Chest pain	Cardiac:	Heart murmur/Abnormal heart sounds Abnormal cardiac rhythm Beta blocker therapy**	NO YES NO YES NO YES	
vascular:	☐ Heart Attack	☐ Coronary disease☐ Rheumatic fever	**If YES address on anesthesia orders			
		☐ Anemia		y: Lungs clear to auscultation	YES NO	
	□ Pacemaker or AICD□ Angiogram/Angioplast□ Other Heart problem	Pacemaker or AICD Angiogram/Angioplasty ASSESSMENT:				
Pulmonary:	□ Asthma	☐ Emphysema☐ CPAP machine	ASA Class: 1 2 3 4 5 E			
GI/GU:	☐ Gastric reflu	☐ Hiatal hernia	ASA Class: 1 2 5 4 5 E			
	☐ Kidney disease (type)	☐ Liver disease	Labs, ECC	Ţ,		
GYN: Musculo- skeletal:	 □ Recent use of diet pills □ Pregnant/possibly pregnant □ Last menstrual period □ Chronic joint injuries □ Chronic back pain 		Plan: □ General □ MAC □ Spinal □ Epidural □ CSE □ Block Post -operative pain management plan:			
Integument:				□ Nerve block □ Epidural □ IV/Oral Meds		