

Pre-Anesthesia Record (Adult 18 years and over)

Instructions to Patient: Please print or indicate by a check mark ($\sqrt{}$) your answer to each question. These answers will greatly help your anesthesiologist to give you the best possible care during your procedure. If you do not understand any question (or your answer is uncertain) simply place a question mark(?) next to the answer column.

| Sex: M F Height: Weight: lbs. Right Handed or Left Hande 1. Are you taking or have you taken Blood thinners? No | Yes |
|--|---------------|
| No | |
| 2. List all allergies to medications/Include food(s). |] |
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| 14. A cold in the past month 15. Shortness of breath 16. Chronic cough 17. Asthma 18. Heart Attack 19. Chest pain; Angina 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 16. Abve you or any family had a high or unexplained fever 17. Asthma 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 29. Back Problems 30. Muscle Diseases 31. Arthritis 32. Diabetes 31. Arthritis 32. Diabetes 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 37. Kidney Disease 37. Kidney Disease 38. Aids/HIV Positive | 7 |
| 15. Shortness of breath 16. Chronic cough 17. Asthma 18. Heart Attack 19. Chest pain;Angina 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 30. Do you: Drink Alcoholic Beverages? 30. Muscle Diseases 31. Arthritis 32. Muscle Diseases 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 37. Kidney Disease 38. Aids/HIV Positive | - |
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| . List all previous surgeries (and when). 17. Asthma 18. Heart Attack 19. Chest pain;Angina 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 12. Have you or your family had a high or unexplained fever 12. Have you or any family member had an unusual 13. Heart Attack 19. Chest pain;Angina 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 29. Back Problems 20. Muscle Diseases 31. Arthritis 32. Diabetes 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 36. Blood Transfusions 37. Kidney Disease 38. Aids/HIV Positive |]] |
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| 19. Chest pain;Angina 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 19perthermia) during or after surgery? | า์ |
| 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 29. Back Problems 20. Palpitations 21. High Blood Pressure 22. Hepatitis 23. Hiatal Hernia 24. Rheumatic Fever 25. Ulcers 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 30. Muscle Diseases 31. Arthritis 32. Diabetes 31. Arthritis 32. Diabetes 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 36. Blood Transfusions 37. Kidney Disease 38. Aids/HIV Positive | า๋ |
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| 23. Hiatal Hernia 24. Rheumatic Fever 15. Have you or your family had a high or unexplained fever 15. Have you or after surgery? | า๋ |
| 24. Rheumatic Fever . Have you or your family had a high or unexplained fever hyperthermia) during or after surgery? | j |
| 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 30. Muscle Diseases 31. Arthritis 32. Diabetes 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 36. Blood Transfusions 37. Kidney Disease 38. Aids/HIV Positive 38. Aids/HIV Positive | ์ 1 |
| 26. Stoke 27. Seizures 28. Blackouts 29. Back Problems 30. Muscle Diseases 31. Arthritis 32. Diabetes 33. Thyroid Problems 34. Bleeding Tendencies 35. Sickle Cell Anemia 36. Blood Transfusions 37. Kidney Disease 38. Aids/HIV Positive 38. Aids/HIV Positive | 1 |
| action to anesthesia? | ์ 1 |
| Do you: Drink Alcoholic Beverages? 29. Back Problems yes, how much per day? 30. Muscle Diseases se Addicting Drugs? 31. Arthritis moke? If yes, cigarettes per day. 32. Diabetes Have you had recent weight changes? 33. Thyroid Problems Are you pregnant? 34. Bleeding Tendencies Do you have any false teeth, loose teeth, caps or ridgework? 36. Blood Transfusions D. Have you been diagnosed or have problems with leep Apnea or severe snoring? 38. Aids/HIV Positive | j |
| yes, how much per day? | |
| se Addicting Drugs? |] |
| moke? If yes, cigarettes per day |] |
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| Are you pregnant? | <u>]</u> 7 |
| . Do you have any false teeth, loose teeth, caps or ridgework? So. Sickle Cell Anemia 36. Blood Transfusions 37. Kidney Disease 38. Aids/HIV Positive |] |
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| 0. Have you been diagnosed or have problems with 37. Kidney Disease 38. Aids/HIV Positive | آ |
| Sleep Apnea or severe snoring? |] |
| 1. Do you have a Latex sensitivity? |] |
| | d |
| | |
| 40. Do you have any concerns about you well being at home? | |
| Is there any other information we should know that would help us with your care today? | |
| Who is driving you home today? Relationship: | |
| • | |
| Staying at facility Will return at (time) Please call contact#: | |
| | |
| Signature (patient or person filling our form) Date & Time | |