Pre-Anesthetic Medical Evaluation

This form must be completed prior to surgery. Please present this questionnaire to the Anesthesia Provider who visits you to discuss your anesthetic prior to your procedure. THANK YOU. DEPARTMENT OF ANESTHESIOLOGY.

PLEASE PRINT NAME: AGE: SEX: HT: WT. Chief Complaint / Present Problem: Proposed Surgery: Surgeon: Prednisone, or Decadron) Within the past 12 months? NO YES List all previous operations: Approximate Date of Last Anesthetic: Was this or any previous anesthetic done at Alabama Colon and Rectal Institute, P.C.? NO YES Have you had any problems with anesthesia? NO YES Have any blood relatives had a serious problem with anesthesia? NO YES Have any blood relatives had a serious problem with anesthesia? NO YES REVIEW OF SYSTEMS Do you have a history of the following medical problems: NO YES Facial Plastic/Reconstructive Surgery Jaw Chicking, pain or stiffness Eye Disease Thyroid Disease / Goiter Limited Nock Motion or Pain Asthma Bronchitis / Emphysema / Other Lung Disorder High Blood Pressure Chest Pain or Shortness of Breath Heart Attack / Other Heart Disease Chest Pain or Shortness of Breath Heart Attack / Other Heart Disease Chest Pain or Shortness of Breath Heart Attack / Other Heart Disease Englishy or Seizures Stroke / Other Neurologic Disorder Back Problems / Limited Hoet Disease Englishy or Seizures Stroke / Other Neurologic Disorder Back Problems / Limited Joint Movement Other Do you frequently awaken with numbness in arm or leg? No Yes Are you pregnant? N/A Not Sure No Yes Date of last menstrual period? Are you ingth handed? Do you have the following? and Describe Where): CAPPED TEETH / CROWNS BRIDGES: (Temporary) DENTURES / OTHER REMOVABLE DENTAL APPLIANCES: DATE: SOCIAL HISTORY Occupation What type of exercise do you get Are you a smoker? No Yes Packs per day How long? Quit when? What is your alcohol consumption? No Yes SICONAUTIES COR ENTIRED FIEL ALTYLE OR Editable MANNING? Do you have a religious contraindication to blood transfusion? No Yes SICONAUTIES COR ENTIRED FIEL ALTYLE OR Editable MANNING.				DATE:			
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