

*Coast Surgery Center*

**PRE-ANESTHESIA  
SURGERY QUESTIONNAIRE**

The answers to the following questions help your anesthesiologist provide the safest & most individually appropriate anesthesia for you. Please check *only* **YES, NO, or ?**. If you select YES or ?, the anesthesiologist will document your explanation.

**PATIENT CHECK LIST**

**ADDITIONAL HX BY ANESTHESIOLOGIST**

- Yes No ? Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.
1. Are you pregnant at this time?
2. Are you trying to get pregnant at this time?  
Last Menstrual Cycle: \_\_\_\_\_
3. Have you had SURGERY before? If yes, what were they?  
\_\_\_\_\_
4. Any problems with ANESTHESIA? (i.e., nausea, vomiting, dizziness, headaches, low blood pressure)
5. Has any **blood relative** had a problem with Anesthesia?
6. Have you ever had **motion sickness**?
7. Do you have any loose teeth, dentures, bridges, or limitation opening mouth?
8. Have you ever had an ALLERGIC REACTION to any medication, foods or **latex**? If yes, what were they? \_\_\_\_\_
9. Your family physician's NAME \_\_\_\_\_  
Your family physician's PHONE # (\_\_\_\_\_) \_\_\_\_\_
10. Do you have any **MEDICAL PROBLEMS**? (Circle)  
CARD-Coronary Artery Disease, Angina, Palpitations, Murmurs, Hypertension  
PULMONARY - Asthma, Bronchitis, Emphysema, Hay Fever  
LIVER - Hepatitis, Jaundice, Blood Transfusion reaction  
KIDNEY - Renal Stones, Bladder Infections  
ENDOCRINE - Diabetes, Hypoglycemia, Thyroid Disease, Other  
NEUROLOGY- Fainting Spells, Seizures, Convulsions, Migraines  
MUSCULO-SKELETAL - Disc Disease, Back/Neck Pain, Arthritis, Bursitis  
GASTRO-INTESTINAL -Ulcers, Gastritis, Reflux, Hiatal Hernia, Obesity
11. Do you Smoke? If yes, how much? \_\_\_\_\_
12. Have you ever had an **abnormal EKG, chest x-ray, or blood test**?
13. Have you had any Serious Illnesses requiring Hospitalization?  
If Yes, explain: \_\_\_\_\_
14. Do you have any **other Medical Condition**? \_\_\_\_\_
15. Have you had a cold in the past 2 weeks? If yes, what were the symptoms? (fever, chills, sore throat, \_\_\_\_\_)
16. Within the last 2 weeks, have you been exposed to any communicable diseases? (i.e., chicken pox, mumps, measles /rubeola, or German measles/rubella)
17. Do you take **MAOI, Fen/Phen, or St.John's Wort**?  
If Yes, you **must discontinue use at least 2 weeks prior to surgery**.

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- Pre-Operative Orders:**
1. Begin IV upon admission.  
LR/0.9%NACL or other: \_\_\_\_\_
  2. Pregnancy Test (if child bearing age to menopause)
  3. Blood sugar on all diabetics
  4. EKG on all patients with hypertension, heart disease, diabetes or on dialysis.

**RN Noted by:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Blood sugar:** \_\_\_\_\_ **>300mg/dl or <70 mg/dl Report Immediately to physician.**

**Pregnancy test results** \_\_\_\_\_ **If positive report immediately to physician**

**Physical Exam:**

**HEENT:**  
Chest:  
Cardiac:  
Other:

ASA: I II III  
Plan:

**Anesthesia risks, indications, alternative and plan have been discussed with patient & patient agrees. Including Pre-operative orders.**

Anes. Sig. \_\_\_\_\_ MD

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CONSENT:** \_\_\_\_\_  
Signature of patient (or legal guardian of patient) consenting for anesthesia \_\_\_\_\_ Date \_\_\_\_\_