

PRE-ANESTHESIA QUESTIONNAIRE

Please answer the following questions so we can best tailor your anesthetic to your specific needs. Most people tolerate anesthesia very well. There are risks associated with anesthesia which rarely cause permanent injury or death. We would be happy to answer any questions regarding your anesthetic options or risks.

Height _____ Weight _____ lbs _____ Kg

Have you had: **Circle Answer**

Surgery or anesthesia before Yes No

List surgeries _____

Bad reactions to anesthesia
(for example severe sore throat, nausea,
or difficult intubation) Yes No

Relative with bad reaction to anesthesia
(for example, malignant hyperthermia) Yes No

High blood pressure Yes No

Heart problems
(abnormal rhythm or EKG, chest pain) Yes No

Breathing problems
(asthma, heavy snoring, sleep apnea
emphysema, abnormal chest x-ray) Yes No

Recent or current infection
(cold, flu, communicable disease) Yes No

Liver problems (jaundice, hepatitis) Yes No

Bleeding problems or blood clot Yes No

History of Anemia Yes No

Kidney problems Yes No

Stomach or intestinal problems
(heartburn, reflux, ulcers, hiatal hernia) Yes No

Diabetes Yes No
(If yes, Insulin ___ Diet ___ Oral agent ___)

Neurologic problems
(seizure, stroke, numbness, weakness) Yes No

Neck or jaw problems Yes No

Back problems or chronic pain Yes No

Joint problems or artificial joints Yes No

Cancer or chemotherapy Yes No

Do you: **Circle Answer**

Take medications? Yes No

List: _____

Have allergies or reactions to medicine,
latex, tape, eggs or iodine? Yes No
List: _____

Smoke? Packs per day _____ for _____ yrs.... Yes No
Quit when? _____

Drink alcohol (more than occasionally) Yes No

Use recreational drugs? Yes No

Have any implanted electronic device,
such as a pacemaker? Yes No

Wear contact lenses? Yes No

Have artificial lens or eye? Yes No

Have trouble hearing? Yes No

Have loose / removable teeth? Yes No

Have objection to a blood transfusion
even in life threatening situations? Yes No

Female: Are you pregnant or nursing? Yes No

When did you last eat or drink? _____ am / pm
Date _____

Primary physician is: _____

Other medical problems, illnesses or injuries? Explanation or comments:

Patient Signature
(or responsible party)

Date _____ Time _____

PRE-ANESTHESIA NOTE

_____ NPO
_____ Chart and lab data reviewed
_____ Drug and anesthesia history reviewed

Medical History _____

EXAM NORMAL ABNORMAL

HEENT _____
Teeth _____
Lungs _____
Heart _____
Other _____

ANESTHETIC PLAN WITH STANDARD MONITORS

_____ General _____ Spinal _____ Regional _____ Epidural
_____ Local _____ Monitored Anesthesia Care

ASA Class 1 2 3 4 5 E

_____ Anesthesia procedures, alternatives and risks explained to patient/responsible party and opportunity for questions provided.

Progress Note _____

ANESTHESIA INFORMED CONSENT

My physician has explained the following:
a) In general terms the anesthetic procedure(s),
b) that there may be alternatives to the proposed anesthetic; and
c) that there are risks to the anesthetic.

My physician offered me a more detailed explanation. I had the opportunity to ask questions and all of my questions about the procedure(s), risks and alternatives were answered to my satisfaction. I understand that, during the course of the procedure(s), unforeseen conditions may necessitate additional or different procedures than those listed above or discussed with me. I authorize my physicians to perform such other procedures as are, in their judgment, necessary and appropriate. I acknowledge that no warranty or guarantee was made to me as a result or cure. I consent to the administration of anesthesia.

(Please circle) PATIENT RESPONSIBLE PARTY

Patient's Signature _____

Patient's Legal Guardian Signature (If Patient is unable to consent) _____

I PROVIDED THE INFORMED CONSENT DISCUSSION (PARQ) TO THE PATIENT OR AUTHORIZED CONSENTER.

Physician's Signature _____ Date _____ Time _____