Jefferson Ambulatory SURGERY CENTER

Patient Label

Revised 11/2017

ANESTHESIA PRE-OPERATIVE EVALUATION

Legal Name:_____ Go By Name: _____

BP _____ P _____ R _____ O_2 Sat _____ Date of Birth: _____

Height ____ft _____in Weight _____lb _____kg		ALL SURGERIES, Please list most recent first:	Year
ALLERGIES (medication and food)	Type of Reaction		

LATEX ALLERGY: □ No □ Yes, Reaction: _____

Have YOU or a BLOOD RELATIVE ever had a problem(s) with Anesthesia? □ No □ Yes

_____

Have you had a MAJOR ILLNESS or HOSPITALIZATION except for surgery, listed above? □ No □ Yes

_____

_____

	N	Y	NOTES		N	Y	NOTES
Heart Troubles?				Please provide the name of your Primary Care Physician/Internist			
Please provide the name of your Cardiologist				Digestive Problems?			
Angina/chest pain				Heartburn/Reflux/Hiatal Hernia			
Coronary Artery Disease				Ulcer			
Angioplasty/Stent				Gastric Bypass/Band			
Murmur				Liver Disease/Cirrhosis/Hepatitis			
Heart Attack				Endocrine Problems?			
Congestive Heart Failure				Diabetes Mellitus			Type 1 Type 2
Irregular Heartbeats				Thyroid			
Valve Disease				Vascular Disease?			
High or Low Blood Pressure				Stents or Filters			
Rheumatic Fever				Blood Clots/Phlebitis			
Anticoagulant/Blood Thinner			Last Dose:	Carotid Disease			
Pacemaker/Defibrillator (ICD)				PAD/PVD/Artery Issues			
Manufacturer/model:			Last Eval:	Other:			
Lung/Breathing Problems?				Kidney Disease?			
Please provide the name of your pulmonologist?				Decreased Renal Function			
				Dialysis			
Home Oxygen				Neurologic Problems?			
Asthma				Epilepsy/Seizure			
Emphysema				Faint/Dizziness/Weakness			
Bronchitis				Dementia			
Sleep Apnea				Loss of Vision			
Use CPAP				Parkinson's			
Nosebleeds				Depression/Anxiety			
Chronic Cough				Migraine/Headache			
Shortness of Breath				Stroke/TIA/Mini Stroke			
Nasal Obstruction				Numbness/Neuropathy/Nerve Pain			

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Urologic Problems?	**N**	**Y**	**NOTES**	**Recent Exposure:**	**N**	**Y**	**NOTES**
BPH (Enlarged Prostate)				Chickenpox			
Interstitial cystitis (IC)				Measles			
Auto-Immune Disorder?				Mumps			
Rheumatoid Arthritis				TB			
Other:				HIV			
Joint Problems?				It is important to discuss any drug use with the Anesthesiologist			
Osteoarthritis/Joint Disease				Any Problems with Alcohol?			
Arthritis				# of Alcoholic Beverages each week:			
Blood Concerns?				Any Problems with Drugs?			
Anemia				Recreational Drug(s)? Past/Present			
HIV/AIDS				Type of Recreational Drug(s):			
History of MRSA/Staph				Smoke Cigarettes? Past/Present			
Jehovah's Witness				# of Cigarettes Smoke Daily:			
Previous Transfusion				**Females:**			
Sickle Cell Disease/Trait				Could you be Pregnant?			
Prolonged Bleeding				Date of Last Menstrual Cycle:			
Do you have TMJ, bridges, dentures, caps, retainers, implants, braces, veneers, loose, chipped, or missing teeth? (circle all that apply)							
FLU, FEVER, COLD, or RESPIRATORY INFECTION in the past two weeks?							
Taken Cortisone or Prednisone in the past year?							

Additional Notes:

_____

_____

_____

To the best of my knowledge, I have answered the above questions truthfully and completely:

Patient Signature: _____ Date:_____

Jefferson Ambulatory Staff Use:

Surgeon's Pre-Op Orders: _____

Anesthesia's Pre-Op Orders: _____

□ Pre-Op as ordered □ No Testing Needed □ Waive the Following: _____

Comments: _____

Anesthesiologist: _____ Date: _____