# Pre-Anesthesia Assessment

## Procedure:

### Medical History (Check all that apply):

- Stroke/TIA/Carotid Disease
- Seizure Disorder
- Headaches
- Dizziness, Fainting
- Parkinson’s disease
- Dementia / Alzheimer’s
- Depression
- Anxiety or Panic Disorder
- Paralysis or muscle weakness disorder
- Numbness in face, arms, or leg
- Muscular dystrophy, MS, Myasthenia
- Diabetes
- Insulin Pump
- Thyroid Disorder
- Steroid Medication past 3 months
- Obesity (BMI>30)
- Endocrine disorder
- Alcohol consumption
- Recreational drug use/abuse
- Asthma/ Wheezing
- Bronchitis/Emphysema/COPD
- Shortness of breath
- TB history
- Respiratory Infection now or last 2 weeks
- Sleep Apnea
- Snoring
- CPAP or BiPAP use
- Oxygen therapy
- Smoker, ___ packs per day x ____ yrs.

### Procedure:

- High Blood Pressure
- Angina/Chest pain /Coronary artery disease
- Palpitations/Irregular heartbeat
- Congestive heart failure
- Heart valve abnormality
- Heart Attack
- Cardiac surgery/ Stent/Angioplasty
- Stress test/Catheterization/Echocardiogram
- Pacemaker/Defibrillator last checked
- GERD/ Acid reflux
- Hiatal hernia
- GI Ulcer/ Bleed
- Liver Disease/Cirrhosis/Hepatitis
- Diarrhea
- Anemia/Sickle cell disease/blood disorder
- Bruise easily/ Hemophilia/ bleeding disorder
- Transfusion
- HIV +
- Glaucoma
- Eye problems
- Contact lenses
- Arthritis
- Joint replacement
- Joint limitations
- Kidney disease
- Bladder/Urinary problems
- Cancer:
- Any possibility of pregnancy?
- Last menstrual period
- Nausea/ Vomiting after anesthesia
- Malignant Hyperthermia
- Other anesthesia problems:

### Surgical History (list dates and procedures)

<table>
<thead>
<tr>
<th>Allergies</th>
<th>(medications, latex, food, etc.)</th>
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<tbody>
<tr>
<td>Anesthesiologist Signature:</td>
<td>Date:</td>
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### Medications /Supplements/Herbals (list dosage and frequency) (Garlic/Ginger/Gingko/Sweet Clover/St.John’s Wort, etc)

<table>
<thead>
<tr>
<th>Lab studies:</th>
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<tbody>
<tr>
<td>ECG:</td>
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<tr>
<td>History &amp; Physical:</td>
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<td>Exam:</td>
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Type of anesthesia discussed with patient:
Risks, procedures, benefits, options of anesthesia discussed with patient or patient’s representative who understands and accepts. All questions answered.

### Post-Anesthesia Note:

- No anesthesia related complications
- Vital signs in patient’s normal range
- Respiratory function stable, airway patent
- Cardiovascular function and hydration status stable
- Mental status recovered, patient participates in evaluation.
- Pain control satisfactory
- Nausea and vomiting control satisfactory

### Anesthesiologist Signature: | Date: | Time: |