1. Pertinent past/present medical history:

2. Previous anesthesia:

3. Medication/drug history:

❑ NKDA Allergies:_____

4. Pertinent physical exam:
Airway Class:_____

Cardiac:

Pulmonary:

5. Pertinent labs and relevant diagnostic data:
❑ Reviewed, acceptable for surgery

6. Pre-operative assessment: (Circle: Y=yes; N=no)

Y	N	Acceptable NPO status confirmed on day of surgery. If NO, NPO status_____
Y	N	Medical chart and updated information reviewed on the day of surgery
Y	N	The anesthesia care plan and the anesthesia options and risks have been discussed with and accepted by the patient

7. ASA Class 1 2 3 4 5 6 (organ donor) E

8. Plan:
❑Regional Block _____
❑General Anesthesia (Type)
❑Monitored Anesthesia Care
❑Indication

9. Comments:

Complete only if pre-operative assessment prior to day of surgery: Provider:_____ Date:_____

_____ M.D./D.O.
Signed by Anesthesiologist

_____ Date

_____ Time

PERI OPERATIVE ANESTHESIA EVALUATION
University Hospital

UC2959
Rev 7/18/05

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