HOSPITAL **DEPARTMENT OF ANESTHESIA**
PRE-ANESTHETIC EVALUATION

Bar Coded Patient Label

Date: _____ **Time:** _____

Age _____ Sex: M F Height _____ in/cm Weight _____ lb/kg Last P.O. intake _____

Diagnosis _____

Scheduled Procedure _____

CURRENT MEDICATIONS ☐ None		ALLERGIES ADVERSE REACTIONS ☐ None	
1.	6.	1.	6.
2.	7.	2.	7.
3.	8.	3.	8.
4.	9.	4.	9.
5.	10.	5.	10.

Have you had or do you have (Check the box if yes):

CARDIOVASCULAR	☐ Neg.
☐ High Blood Pressure	☐ Congestive Heart Failure
☐ Coronary artery disease	☐ Pacemaker
☐ Chest pain	☐ Heart rhythm problem
☐ Angina	☐ Rheumatic fever
☐ Heart attack	☐ Peripheral vascular disease
☐ Murmur	☐ Exercise intolerance
☐ Valve disease	
RESPIRATORY	☐ Neg.
☐ Asthma	☐ Recent cold
☐ Sleep apnea	☐ History of Tuberculosis
☐ Bronchitis	☐ History of Smoking
☐ Emphysema	____ quit ____ yrs smoked
GI RENAL	☐ Neg.
☐ Heartburn ☐ Reflux	☐ Cirrhosis
☐ Ulcers	☐ Renal insufficiency
☐ Hepatitis	☐ Chronic renal failure
☐ Jaundice	☐ Dialysis
ENDOCRINE	☐ Neg.
☐ Thyroid disease	☐ Chronic steroid use
☐ Type I diabetes	☐ Obesity/BMI ≥ 30
☐ Type II diabetes	☐ Morbid obesity BMI > 40
HEMATOLOGIC	☐ Neg.
☐ Anemia	☐ Hemophilia
☐ Secondary to chronic blood loss 285.0	☐ Bleeding disorder
	☐ Received blood transfusion
☐ Acute post hemorrhagic 285.1	☐ Sickle cell disease/trait

OBSTETRICAL Hx ☐ Neg.			
Gravida	Para	Ab	LC

NEUROMUSCULAR	☐ Neg.
☐ Carotid disease	☐ TIA
☐ Stroke	
☐ Muscle weakness	☐ Paralysis
☐ Seizures	
☐ Neuromuscular disease	
☐ Dementia	☐ Alzheimer's
☐ Head injury	
☐ Arthritis	
DRUG USE	☐ Neg.
☐ Tobacco	____ pack per day ____ yrs
☐ Alcohol	
☐ Recreational drug use (marijuana, cocaine, etc.)	
☐ IV drug use	
☐ Diet pills/Stimulants	
☐ Herbal medicines	
FAMILY HISTORY	☐ Neg.
☐ Pseudocholinesterase deficiency	
☐ Malignant hyperthermia	
☐ Untoward anesthetic outcome	

Comments

PREVIOUS SURGERIES	Anesthesia Problems
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	