University of Medical Center

Anesthesiology Pre-Op Evaluation

PATIENT IDENTIFICATION

PATIENT'S NAME	AGE	DOB NO.	ROOM NO.

PROPOSED DATE FOR SURGERY	DURATION	ALLERGY FOOD / MEDS			
NPO TIME	NO. PRBC AVAIL	HT	WT	ASA STATUS	1 2 3 4 5 6 E

PROPOSED PROCEDURE

HISTORY PRESENT ILLNESS

PAST MEDICAL HISTORY

PAST SURG HISTORY (DATE / PROCEDURE / ANESTHETIC

HISTORY OF FAMILIAL ANESTHETIC DIFFICULTY (MH AND / OR PSEUDOCHOLINESTERASE)

MEDICATIONS

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.

PM HX
TO BE / ONLY IF ABS

- CNS ☐
- ENT ☐
- CV ☐
- RESP ☐
- GI ☐
- GU ☐
- ENDO ☐
- HEME ☐
- M.S. ☐
- TOBAC ☒
- ETOH ☐
- DRUGS ☐
- TRANSFUSION ☐
- GYN ☐
- NSAID ☐
- STEROID ☐
- OTHER ☐

PHYSICAL EXAM
BP | T° | P | R

GEN

HEENT

STATE OF DENTITION

ET.T. SIZE & POSITION

CLASS OF AIRWAY
1 2 3 4

CV

C-SPINE CLEARED?

PUL

NEURO

VENTILATOR SETTING

EDG *(DATE)* ☐ NSR

☐ OTHER

C-X-RAY *DATE)* ☐ NAD

☐ OTHER

MONITOR / LINES

	HAVE	NEED
PERIPHERAL I.V.	☐	☐
ROUT	☐	☐
ALINE	☐	☐
CVP	☐	☐
PPA	☐	☐
ICP	☐	☐

LABS *(DATE)*

PT

PTT

ABG: FIO_2 = B-HCG _____

UA ☐ NORMAL ☐ ABNL

OTHER

ADDITIONAL STUDIES ORDERED

ANESTHESIA PLAN

I HAVE DISCUSSED THE FOLLOWING WITH THE PATIENT AND / OR THEIR FAMILY AND THEY ACCEPT THE RISKS AND BENEFITS OF THE FOLLOWING CIRCLED ITEMS: GENERAL ANESTHESIA; REGIONAL ANESTHESIA; SEDATION; BLOOD / BLOOD PRODUCTS; INVASIVE MONITORING; POST OP MECHANICAL VENTILATION; DENTAL INJURY: POST OP PAIN MANAGEMENT VIA:

SIGNATURE FIRST EVALUATOR	DATE & TIME	PRINT NAME

CHART REVIEWED. PT. INTERVIEWED/ FINAL ANESTHETIC PLAN

ANESTHESIOLOGIST	PRINT NAME	DATE/TIME

WHITE - MEDICAL RECORD CANARY - FILE PINK - CLINIC