UNIVERSITY MEDICAL CENTER DEPARTMENT OF ANESTHESIOLOGY PRE-ANESTHESIA CONSULTATION

Informant	Date of Surgery			
Surgeon				
Proposed Operation				
PRE-OP Dx				Tobacco:
Medical History:				Alcohol:
				Other:
				Physical Exam:
				ht.: wt.:
				BP: P:
				Airway:
				Dentition:
		(00	entinuation on back)	
Medications:			take on O.R. day:	Allergies:
				c *
				4
Anesthesia History:				Labs:
Family Associated History				
Family Anesthesia History:				
POST-OP Pain Management:		404		
Pre-Anesthesia Assessment and Plan:_ Anesthesia risks, benefits, and options of		ASA	·	
Patient understands and accepts				
All questions answered				
Comments and Requests:				
				Patient informed of NPO
Further Pre-Anesthesia Evaluation Requ	uested: Yes	□ No □		Premedications:
Evaluation requested and reason:				

PRE-ANESTHESIA RECORD

Interviewer (print):

_ Signature:

Date:_____

MEDICAL HISTORY CONTINUATION

			-	
			*	
		· S.		
V				
				3
				99
				3.5
Anesthesia Post-Operative Note:				
No. of the contract of the con				A CONTRACTOR OF THE CONTRACTOR
The state of the s				The second secon
				manuscondinate (Applications)
and the second s				The contract of the contract o
	Signature:		Date	Explanation and the second sec