

PRE-SURGERY QUESTIONNAIRE



Patient Name: _____ Date of Surgery: _____

Date of Birth: _____ Surgery: _____ Surgeon: _____

Preferred Name: _____ Height: _____ Weight: _____

Do you have or have you had in the past:

Yes No

- Traveled outside the U.S. in the past 3 weeks?
- Have you fallen in the past 6 months?
- History of anesthesia problems?
- Malignant hyperthermia in yourself or family?

- Difficult Intubation?
- Recent cold/flu/infection in the past 2 weeks?
- MRSA (Methicillin-resistant Staphylococcus aureus)?
- Do you see any physician other than your Primary Care Physician? Who? _____

- Nerve or muscular disease (like Parkinson's, Huntington's)? What type? _____

- Seizure history?
- Stroke? "mini" stroke or TIA?

- Any problems with ears, nose, eyes, or throat?
- Any difficulty swallowing?

- High blood pressure?
- Chest pains?
- Heart attack When? _____
- Congestive heart failure?
- Irregular heart beats?
- Pacemaker? Defibrillator?

- Breathing, lung problems or shortness of breath?
- Asthma?
- Emphysema?
- Currently have a cough lasting more than 3 weeks?
- COPD?
- Sleep apnea?
- Do you use a CPAP/ BIPAP? (Breathing machine)
- Difficulty swallowing?
- TMJ or difficulty opening mouth?

Yes No

- Hiatal hernia?
- Acid reflux disease/ GERD?
- Any stomach or GI problems?

- Kidney problems?
- Do you have arthritis?
- Diabetes?
- Thyroid problems?

- Anemia?
- Blood clot, varicose veins, blood disorders, diseases?
- Bleeding history?
- Blood transfusions?
- Blood thinner? Last dose: _____
- Liver problems or hepatitis?

- In the past 12 months, have you taken any steroids, cortisone or prednisone? Where: _____ Date: _____
- Cancer?
- Are you being treated for depression, anxiety, mental health issues, ADD?
- History of recreational drug use?
- Do you drink alcohol? How much? _____

- Are you on a special diet? If yes, list: _____

- Smoker? How much? _____ How long? _____ When did you quit? _____
- Latex allergy?

Who will you go to for your pre-op physical?

When? _____

Females Only:

- Are you post-menopausal?
- Could you be pregnant? Date of last period: _____

