Surgical Anesthesia Preoperative Questionnaire

Do you currently have, or have a history of any of the following? Please check box if yes.
*If any bold items are marked, patient SHOULD be seen in Anesthesia Pre-op Clinic for evaluation.

Cardiovascular
Cardiologist:

- Pacemaker/Defibrillator
  Type? ____________________________
  Date last interrogated? _________
- Heart Attack
  - Less than 12 months ago
- A-Fib or other abnormal heart rhythm
- Heart transplant
- Heart Surgery/Stents
  - Less than 12 months ago
- Chest Pain
- High Blood Pressure
- Shortness of breath when walking 2-3 blocks
  # of blocks can you walk _______
  # of flights of stairs you can climb _______
- Heart Disease/Coronary Artery Disease
- Congestive Heart Failure/CHF
- Ventricular Assist Device/VAD

Pulmonary
Pulmonologist: ________________________________

- COPD/Emphysema/Asthma
  How often do you need to use your rescue inhaler?
  - Daily  □ Weekly  □ Monthly
- Pulmonary Hypertension
- Sleep Apnea
  - Do you use CPAP/BiPAP?
- Oxygen usage at home
- Part of lung removed/resected
- Lung transplant

Hematologic

- Taking blood thinners (other than aspirin)?
  - Less than 12 months ago
- Blood clot (DVT, PE)
- Bleeding/clotting disorder
- HIV

Neurological

- Stroke or mini stroke/TIA
  - Less than 12 months ago
  □ Weakness? ____________________________
- Seizures
  □ Daily  □ Weekly  □ Monthly

Renal/Endocrine/Gastrointestinal
Nephrologist: ____________________________

- Kidney Problems/Failure
  □ Dialysis  □ What days? _________
- Kidney Transplant  □ What year? _______
- GERD/Acid Reflux
- Liver Disease
- Hepatitis
- If female, is your weight >240 lbs?
- If male, is your weight >270 lbs?
- Diabetes
  □ Do you use insulin?

Anesthesia Problems

- Malignant Hyperthermia
  □ You  □ Family member
- Have you been told you were difficult to intubate (place breathing tube)?
- Prolonged Sedation/Intubation
- Awareness under Anesthesia
- Post-Operative Nausea/Vomiting
- Other ____________________________

Miscellaneous

Family doctor: ____________________________

- Fever >100 F within past month
- Respiratory infection/pneumonia within past month
- History of smoking or current smoker
- Alcohol use of 2 or more drinks per day
- History of marijuana, cocaine, crack, meth and/or IV drugs

Anything else important for the anesthesia team to know? ____________________________

Signature: ____________________________

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