

NOTE: If the patient is unable to complete this form, the family and/or friends are asked to help complete the information.

Your physician has arranged for a qualified physician anesthesiologist to give your anesthetic. PLEASE answer completely the following medical history questions. Your answers affect our choice of anesthetic, and they may prevent the occurrence of undesirable responses to anesthesia. Please complete or encircle the appropriate answers, and sign your name. On the day of surgery, you will be asked to sign a consent for anesthesia.

Primary Care Physician _____ City _____ Phone # _____

1 Occupation (If retired, please state your past occupation) _____

2 Physical Activity Now! (Circle one): Little, Moderate, Active, Very Active Your Weight _____ Your Height _____

3 List illnesses for which you are now receiving treatment or investigation: _____

			YES	NO	PATIENT/MD COMMENTS
4 Have you ever had heart trouble, high blood pressure or a stroke?					
5 Do you have asthma, repeated lung infections, bronchitis or cough?					
6 Have you been diagnosed with sleep apnea? Do you get shortness of breath easily?					
7 Do you smoke Now or in the Past?					
How many cigarettes a day?	For how many years?	When did you stop?			
8 Have you had hepatitis, yellow jaundice, or a bad liver?					
9 Do you drink alcoholic beverages heavily or steadily?					
10 Does food come back into your mouth after eating, when lying down?					
11 Do you have seizures, or motion sickness?					
12 Do you have muscle disease, muscle weakness or Parkinson's Disease?					
13 Are you a diabetic?					
14 Do you have kidney disease?					
15 Do you have porphyria (a problem with blood pigment metabolism)?					
16 Do you have or does anyone in your family have sickle cell disease?					
17 Do you object to blood transfusions in a life or death emergency?					
18 Please list any medications including dosages you have been taking during the past month including eye drops, herbal medicines and inhalers.					

19 Have you ever had itching, rash, or wheezing after use of household rubber gloves?					
20 Have you ever had itching, rash, or wheezing after inflating a balloon?					
21 Do you have allergies or unusual reactions to any medications or to contact with tape or plastics? If your answer is yes, please list these:					

Medication	Type of Reaction	Medication	Type of Reaction
1		5	
2		6	
3		7	
4		8	

Patient Identification

