1. Pertinent past/present medical history:

2. Previous anesthesia:

3. Medication/drug history:

   □ NKDA Allergies: ____________________

4. Pertinent physical exam:
   Airway Class: ____________________
   Cardiac:
   Pulmonary:

5. Pertinent labs and relevant diagnostic data:
   □ Reviewed, acceptable for surgery

6. Pre-operative assessment: (Circle: Y=Yes, N=No)
   Y   N   Acceptable NPO status confirmed on day of surgery. If NO, NPO status ______
   Y   N   Medical chart and updated information reviewed on the day of surgery
   Y   N   The anesthesia care plan and the anesthesia options and risks have been discussed
   with and accepted by the patient

7. ASA Class  1  2  3  4  5  6 (organ donor)  E

8. Plan:
   □ Regional Block __________________
   □ General Anesthesia (Type)
   □ Monitored Anesthesia Care
   □ Indication

9. Comments:

   Complete only if pre-operative assessment prior to day of surgery: Provider: __________ Date: ______

   ____________________  M.D./D.O. ____________________  Date ____________________  Time ____________________
   Signed by Anesthesiologist

PERI OPERATIVE ANESTHESIA EVALUATION
University Hospital

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