# Hospital Department of Anesthesia

## Pre-Anesthetic Evaluation

**Date:**

**Time:**

**Age:**

**Sex:** M F

**Height:** in/cm

**Weight:** lb/kg

**Last P.O. Intake:**

### Diagnosis

### Scheduled Procedure

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<thead>
<tr>
<th>CURRENT MEDICATIONS</th>
<th>ALLERGIES ADVERSE REACTIONS</th>
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### Have you had or do you have (Check the box if yes):

#### Cardiovascular
- High Blood Pressure
- Congestive Heart Failure
- Coronary artery disease
- Pacemaker
- Chest pain
- Heart rhythm problem
- Angina
- Rheumatic fever
- Heart attack
- Peripheral vascular disease
- Murmur
- Exercise intolerance
- Valve disease

#### Respiratory
- Asthma
- Recent cold
- Sleep apnea
- History of Tuberculosis
- Bronchitis
- History of Smoking
- Emphysema
- quit yrs smoked

#### GI/Renal
- Heartburn
- Reflux
- Cirrhosis
- Ulcers
- Renal insufficiency
- Hepatitis
- Chronic renal failure
- Jaundice

#### Endocrine
- Thyroid disease
- Chronic steroid use
- Type 1 diabetes
- Obesity/BMI > 30
- Type 2 diabetes
- Morbid obesity BMI > 40

#### Hematologic
- Anemia
- Hemophilia
- Secondary to chronic blood loss
- Bleeding disorder
- Acute post hemorrhagic
- Sickle cell disease/trait

#### Obstetrical Hx
- Gravida
- Para
- Ab
- LC

#### Neuromuscular
- Carotid disease
- Stroke
- Muscle weakness
- Paralysis
- Seizures
- Neuromuscular disease
- Dementia
- Alzheimer’s
- Head injury
- Arthritis

#### Drug Use
- Tobacco pack per day yrs
- Alcohol
- Recreational drug use (marijuana, cocaine, etc.)
- IV drug use
- Diet pills/Stimulants
- Herbal medicines

#### Family History
- Pseudocholinesterase deficiency
- Malignant hyperthermia
- Untoward anesthetic outcome

### Comments

### Previous Surgeries

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