

University of
Anesthesia

Medical Center

Peanesthetic Evaluation

PATIENT IDENTIFICATION

TELEPHONE INTERVIEW

NAME	SEX	AGE	PROPOSED PROCEDURE	DATE
PRE-OP DIAGNOSIS			PREMED	TIME ORDERED
ALLERGIES			FAMILY HX ANESTHETIC PROBLEMS	
SMOKING	ETOH		DRUG ABUSE	
CURRENT MEDS			CHRONIC ANALGESICS	
PRIOR ANESTHETICS				

YES	NO	CARDIOVASCULAR	YES	NO	NEUROLOGIC	YES	NO	ENDOCRINE	YES	NO	CANCER/CHEMO	DIAGNOSTIC TESTS	
		EXERCISE INTOLERANCE			SEIZURES			DIABETES			PEDIATRICS	HB/HCT	PLTS
		MURMUR			ELEVATED I.C.P.			THYROID DISEASE			PREMATURITY	PT/PTT	
		M.I./ANGINA			NEUROMUSCULAR DISEASE			STEROID USE WITHIN 12 MOS.			CONGENITAL ABNORMALITIES	CHEM	
		C.H.F.			CEREBROVASCULAR DISEASE			OTHER			DEVELOPMENTAL DELAY	ECG: <input type="checkbox"/> NL <input type="checkbox"/> ABN:	
		ARRHYTHMIA			OTHER			GASTROINTESTINAL			URI	CXR: <input type="checkbox"/> NL <input type="checkbox"/> ABN:	
		HYPERTENSION			PULMONARY			HEPATITIS/CIRRHOSIS			AIRWAY	ECHO:	
		PERIPHERAL VASC. DIS.			ASTHMA			HIATAL HERNIA/REFLUX			ANATOMIC ABNORMALITIES	STRESS:	
		CONGENITAL			C.O.P.D./EMPHYSEMA			PUD			ABNORMAL NECK ROM	PFT:	
		HEMATOLOGIC			TB			OB/GYN			SLEEP APNEA		
		ANEMIA/SICKLE			OTHER			PREGNANT			DENTURES		
		COAGULOPATHY			RENAL DISEASE			LMP			LOOSE TEETH		

POSITIVE FINDINGS AND PHYSICAL EXAM / ASSESSMENT AND RECOMMENDATIONS

WT	HT	BP	P	R	T
EXAM					
AIRWAY			CHEST		
CVS			OTHER		
ASSESSMENT ASA 1 2 3 4 5 E					

PROPOSED ANESTHETIC PLAN

POST OP ANALGESIA DISCUSSED IV PRN PO PCA REGIONAL

NPO INSTRUCTIONS PRE-OP MED INSTRUCTIONS

TRANSFUSION RISK DISCUSSED CONSENT SIGNED

DATE SIGNATURE PRINTED ID NO.

PREP CENTER ATTENDING NOTES

"APPROVED FOR ANESTHESIA"

DATE SIGNATURE PRINTED ID NO.

ANESTHETIZING ATTENDING NOTES

DATE SIGNATURE PRINTED ID NO.

POST ANESTHESIA FOLLOW-UP NO APPARENT POST ANESTHETIC PROBLEMS NOTED WITH:

GENERAL ANESTHESIA REGIONAL TECHNIQUE AIRWAY VASCULAR ACCESS SITES INTRAOP POSITIONING

COMMENTS

DATE SIGNATURE PRINTED ID NO.