**Cardiovascular** (None)  
A Hypertension  
B Chest pain undiagnosed  
C Coronary artery disease  
D Angina  
E Prior MI (date ____)  
F S/P PTCA (date ____)  
G S/P bypass (date ____)  

**EVALUATION:**  
H Pericardial disease  
I Congestive heart failure  
J Hypotension  
K Arrhythmia (type)  
L Pacemaker (type)  
M Congenital heart disease  
N Functional class I II III IV  
Exercise tolerance  
O Other:  

**Pulmonary** (None)  
A Asthma  
B COPD  
C Cigarettes __ pack year  
D Restrictive lung disease  
E Pneumonia  
F Acute URI  
G Sleep apnea  
H Other:  

**Renal** (None)  
A Renal insufficiency  
B Renal failure, complete  
C Single kidney  
D Other:  

**Metabolic** (None)  
A Obesity  
B Electrolyte abnormality  
C Cachexia/muscle wasting  
D Burn (date ____)  
E Other:  

**Neurologic** (None)  
A Vascular insufficiency  
B Altered consciousness  
C Elevated ICP  
D Spinal cord problem  
E Seizure disorder  
F Neuromuscular disorder  
G History of CVA/TIA  
H Vascular abnormality  
J Backache  
K Other:  

**GI** (None)  
A Reflux  
B Hiatal hernia  
C Ulcer  
D GI bleed  
E Esophageal disease  
F Nausea/vomiting  
G Obstruction/dilat  
H Hepatitis  
I Cirrhosis  
J Other:  

**Endocrine** (None)  
A Diabetes  
B Hyperthyroid  
C Hypothyroid  
D Adrenal disease  
E Parathyroid  
F Other:  

**Rheumatology** (None)  
A Rheumatoid arthritis  
B Systemic lupus  
C Other:  

**Hematology/Oncology** (None)  
A Anemia/blood dyscrasia  
B Sickle cell disease  
C Sickle cell trait  
D Malignancy  
E Hx chemo (? Adriamycin?)  
F Coagulopathy/thrombocytopenia  
G Other:  
H HIV  

---

**Anesthesia History:**  
- Complications: None

---

**Past Surgical History**

**Narrative Summary Medical History:**

---

**Exam/Lab Data:**
- BP ________  
- CXR ________  
- HR ________  
- EKG ________  
- RR ________  
- ECHO ________  
- T ________  
- SAT ________  
- CATH ________

---

ASA: 1 2 3 4 5 6 E
- Pain management options discussed? [ ]

**Review by or Team:**
- NPO: Y N Time NPO: ________
- Evaluation and plan:

**Patient Acceptance:**
- Autologous blood ________
- T&O ________

**Signature:**
- (Initial evaluation) Date: ________

**Signature:**
- Date: ________

---

**PACU Note:**
- Date: ________  Time: ________

**Physician Signature:**
- ________

---

**Post-OP Note:**
- Date: ________  Time: ________

**Physician Signature:**
- ________

---

**University Hospital**

**Patient Label**

**Anesthesiology Preoperative Evaluation**

---

**75-800A (1/06)**