# PRE-ANESTHESIA CONSULTATION

**Informant** ____________________ **Date of Surgery** ____________________

**Surgeon** ____________________

**Proposed Operation**

<table>
<thead>
<tr>
<th>PRE-OP</th>
<th>Tobacco:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dx</td>
<td>Alcohol:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
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</tbody>
</table>

**Medical History:**

**Physical Exam:**
- ht.:  
- wt.:  
- BP:   
- P:    
- Airway:
- Dentition:

*(continuation on back)*

**Medications:**

**To take on O.R. day:**

**Allergies:**

**Anesthesia History:**

**Family Anesthesia History:**

**POST-OP Pain Management:**

- Pre-Anesthesia Assessment and Plan: ASA
- Anesthesia risks, benefits, and options discussed □
- Patient understands and accepts □
- All questions answered □
- Comments and Requests:

**Further Pre-Anesthesia Evaluation Requested:** Yes □ No □

**Evaluation requested and reason:**

**Labs:**

**Patient informed of NPO □**

**Premedications:**

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**Interviewer (print):** ____________________ **Signature:** ____________________ **Date:** ____________________

PRE-ANESTHESIA RECORD

CHART COPY