PRE-ANESTHETIC EVALUATION RECORD

AGE: M F HT: 
WT. kg/lbs DATE: 

ALLERGIES:
PROCEDURE: 
MEDICATIONS: 

FAMILY ANESTHESIA HX: 

ANESTHESIA HX: NEG

SYSTEM REVIEW (CIRCLE PERTINENT POSITIVES)
NEG CARDIOVASCULAR HTN CHF / OTH PNEUMA / PND ARRYTHMIA 
CAD / MI ANGINA: STABLE / UNSTABLE PVD VALVULAR 
EXERCISE TOLERANCE 
NEG PULMONARY ASTHMA / COPD RECENT URI 
SLEEP APNEA SMOKING 
NEG GI HIATAL HERNIA / GERD HEPATITIS ETOH 
NEG RENAL FAILURE / INSUFF 
NEG ENDOCRINE DIABETES I / II THYROID OBESITY 
NEG HEMATOLOGIC ANEMIA SICKLE CELL / TRAIT 
ABNORMAL BLEEDING HX 
NEG NEUROLOGIC TIA / CVA SEIZURES HEADACHES LBP 

AIRWAY EVALUATION: MP 1 2 3 4 
COMMENTS:

Patient has been informed of the proposed and alternative anesthetic methods. Risks, benefits, and possible discomforts have been explained to the patient or guardian, who verbalizes understanding. All questions answered. Patient or guardian accepts risks and agrees to:

☐ GENERAL ☐ EPIDURAL/SPINAL ☐ MAC ☐ OTHER REGIONAL ☐ ARTERIAL LINE ☐ CENTRAL VENOUS LINE 

☐ EPIDURAL FOR POST-OP ANALGESIA 

ASA 1 2 3 4 5 6 E SIGNATURE M.D. TIME DATE 

CHART REVIEWED AND PATIENT EXAMINED ☑ AGREE WITH ABOVE PLAN ☑ PLAN CHANGED AS NOTED ☑ 

NPO SINCE: SIGNATURE M.D. TIME DATE

PREGNANCY 
Gestational age ___ weeks 

Prenatal course: NEG 

PNIH 
Gestational diabetes 

LAB DATA: 
EKG NSRY WNL 
CXR NAD 

Hgb 
Hct 
Pits 

Electrolytes 

Blood Glucose ________ 
(time) __________ 

POST-ANESTHESIA NOTE: ☐ NO ANESTHESIA COMPLICATIONS ☐ OTHER: 

SIGNATURE M.D. TIME DATE

STK-478 Rev(3/02) ANESTHESIA INTRAOPERATIVE RECORD