

Pre-Operative & Pre-Anesthesia History & Physical Questionnaire



Date today: _____ Patient Name: _____ Parent Name: _____

Procedure date: _____ Birth Date: _____ Phone: _____

Surgical Facility: _____ Phone/Fax: _____

Surgeon: _____

Pre-Op diagnosis and procedure: _____

Explain: _____

Yes No In the past 2 weeks, has the patient had a fever, runny nose, wheezing, or a productive cough?

Yes No In the past 3 weeks, was there exposure to chicken pox?

If yes, explain: _____

Yes No Does the patient need lab work?

If yes, explain: _____

Check the box if there are issues with any of these. Explain below.

cervical spine

airway (sleep apnea, prolonged intubation, malformations)

lungs (asthma, prematurity)

heart (congenital heart disease, irregular heartbeats, prosthetic valve)

physical disabilities (wheelchair dependent, cerebral palsy)

neuromuscular disease (weakness)

dependence upon tube feedings

metabolic disorders (low blood sugar concerns)

seizures: Describe -

Explain: _____

Yes No Are there developmental, cognitive, emotional, or behavioral concerns that make it very difficult

to adapt to new or stressful situations? (examples: anxiety, depression, ADHD, autism, aggression)

If yes, explain: _____

Check the box if the patient has a *personal history* or *family history* of any of these conditions. Explain below.

excess bleeding or blood clots

prolonged paralysis after succinylcholine anesthesia

malignant hyperthermia

motion sickness or post-op nausea & vomiting

If yes, explain: _____

Yes No Has the patient taken steroids in the past 6 months? Explain:

Yes No Is s/he taking over-the-counter or prescription medication, or herbals now?

If yes, list them: _____

Yes No Is the patient behind on immunizations? Explain:

Yes No Is there an allergy to medications, latex, or anything else? If yes, explain:

If applicable: When was the most recent period? _____

Yes No Does the patient smoke or use alcohol? If yes, how much?

Yes No Have there been ongoing medical problems, overnight hospital stays, or surgery?

If yes, explain: _____

Please list parents and siblings, ages, and medical issues: _____