

PREANESTHESIA EVALUATION				Age	Sex M F	Height in / cm	Weight lb / kg										
Proposed Procedure				Pre-Procedure Vital Signs B/P P R T													
Previous Anesthesia / Operations			None <input type="checkbox"/>	Current Medications			None <input type="checkbox"/>										
Family History of Anesthesia Complications			None <input type="checkbox"/>	Allergies			NKDA <input type="checkbox"/>										
AIRWAY / TEETH / HEAD & NECK						<b>History From:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Significant Other <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Chart <input type="checkbox"/> Communication / Language Problems <input type="checkbox"/> Poor Historian											
SYSTEM	WNL	COMMENTS	DIAGNOSTIC STUDIES														
<b>RESPIRATORY</b>		Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Packs / Day for _____ Years  Ethanol Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____ "Street Drug" Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency _____	<b>DIAGNOSTIC STUDIES</b>  EKG  Chest X-ray  Pulmonary Studies  Other														
Asthma                      Productive Cough Bronchitis                Recent URI COPD                        SOB Dyspnea                    Tuberculosis Orthopnea Pneumonia	<input type="checkbox"/>																
<b>CARDIOVASCULAR</b>								<b>LABORATORY STUDIES</b>  Hgb / Hct / CBC  Electrolytes  Urinalysis  Other									
Abnormal EKG            Hypertension Angina                      MI ASHD                        Murmur CHF                         Pacemaker Dysrhythmia                Rheumatic Fever Exercise Tolerance        Valvular Disease	<input type="checkbox"/>																
<b>HEPATO / GASTROINTESTINAL</b>													<b>LABORATORY STUDIES</b>  Hgb / Hct / CBC  Electrolytes  Urinalysis  Other				
Bowel Obstruction Cirrhosis Hepatitis / Jaundice Hiatal hernia / Reflux Nausea & Vomiting Ulcers	<input type="checkbox"/>																
<b>NEURO / MUSCULOSKELETAL</b>			<b>LABORATORY STUDIES</b>  Hgb / Hct / CBC  Electrolytes  Urinalysis  Other														
Arthritis                    Muscle Weakness Back Problems            Neuromuscular Dis. CVA / Stroke / TIAs      Paralysis DJD                         Paresthesia Headaches / ↑ ICP        Syncope Loss of Consciousness    Seizures	<input type="checkbox"/>																
<b>RENAL / ENDOCRINE</b>								<b>LABORATORY STUDIES</b>  Hgb / Hct / CBC  Electrolytes  Urinalysis  Other									
Diabetes Renal Failure / Dialysis Thyroid Disease Urinary Retention Urinary Tract Infection Weight Loss / Gain	<input type="checkbox"/>																
<b>OTHER</b>													<b>LABORATORY STUDIES</b>  Hgb / Hct / CBC  Electrolytes  Urinalysis  Other				
Anemia                      Immunosuppressed Bleeding tendencies      Pregnancy Cancer                      Sickle Cell Dis. / Trait Chemotherapy              Recent Steroids Dehydration                Transfusion History Hemophilia	<input type="checkbox"/>																
Problem List / Diagnoses				POSTANESTHESIA NOTE													
				1													
				2													
				3													
				4													
				5													
Planned Anesthesia / Special Monitors				E	Signed _____ Date _____ Time _____												
Pre-Anesthesia Medications Ordered				PATIENT IDENTIFICATION													
Evaluator Signature			Date														
			Time														