

Pre-Surgical Questionnaire

Surgery Date: _____ Surgeon: _____ Office Location: _____

Patient Name: _____ Today's Date: _____

Home Phone: () _____ Alt Phone: () _____

Sex: M F Height: _____ Weight: _____ Birth Date: _____ Age: _____

May we leave a message on your answering machine or with someone at your home? Yes No

Have you been diagnosed with any of the following: (Please check all that apply)

General Health

- Latex Allergy
- Menstruating Female
Date of Last Period _____
- Diabetes
- Seizures
- History Of Stroke
- Liver Disease
- Kidney Disease
- Dialysis
- Infectious Disease
- MRSA
- Bleeding Disorder
- Currently Taking Blood Thinners; If So, Please Circle (Plavix, Aspirin, Coumadin)
- Other: _____

Breathing

- Asthma
- Sleep Apnea
- COPD
- Shortness Of Breath
- Unable To Sleep Lying Flat
- Tuberculosis

Heart History

- High Blood Pressure
- Heart Attack
- Stent Placement
- Pace Maker
- Internal Defibrillator
- Congestive Heart Failure
- EKG in the last year? If so, where: _____
- Have you seen a heart doctor in the past year? If so, please provide the name and phone number of heart doctor's office: _____

If you checked any of the above, please explain: _____

1. List all of your prescription medications, including dosages. Please include inhalers (or attach list): _____

2. List all of your vitamins, herbs, diet pills and/or over the counter medications, including dosages (or attach list): _____

3. List allergies to food and/or medications and type of reaction: _____

4. Have you been admitted to the hospital in the past month?
 Yes No If yes, explain: _____
5. Have you had any surgeries in the past month?
 Yes No If yes, explain: _____
6. Have you had any dental procedures in the past month?
 Yes No If yes, explain: _____
7. Have you had any problems with anesthesia in the past?
 Yes No If yes, explain: _____
8. Is there any family history of anesthesia problems?
 Yes No If yes, explain: _____
9. Have you had surgery at the Community Surgery Center Northwest (Foot & Ankle Surgery Center) in the past? Yes No
 If yes, when? _____

For Office use only:

The following has been ordered:

EKG

Cardiac Clearance

Surgery/Cardiac Clearance ordered for:

Aspirin

Plavix

Coumadin

Date Ordered: _____

Staff Initials: _____