Foundation Surgery Center of Oklahoma

Anesthesia Evaluation Report

Patient Label here

Age: _____ Actual _____ Stated _____

Height: _____ Actual _____ Stated _____

Weight: _____ Actual _____ Stated _____

HAVE YOU HAD:

	Yes	No
Heart Trouble/Chest pains	☐	☐
High Blood Pressure	☐	☐
Lung Disease/Difficulty Breathing/Productive Cough	☐	☐
Epilepsy or Seizures	☐	☐
Jaundice	☐	☐
Hepatitis or Mononucleosis	☐	☐
PUD / Hiatal Hernia / GERD	☐	☐
Back Trouble	☐	☐
Glaucoma	☐	☐
Abnormal Bleeding Tendencies	☐	☐
Anticoagulant Therapy (blood thinners)	☐	☐
Blood Disease (anemia, etc.)	☐	☐
Kidney Disease/Difficulty with Urination	☐	☐
Fracture of Facial Bones	☐	☐
Fracture of Neck or Back	☐	☐
Muscle Weakness	☐	☐
Paralysis/Numbness/Tingling	☐	☐
Blood Transfusion	☐	☐
Stroke	☐	☐
Blood Vessel Disease (phlebitis, etc)	☐	☐
Diabetes	☐	☐
Arthritis	☐	☐
Chest X-ray in past year	☐	☐
Electrocardiogram in past year	☐	☐
Medical Illnesses (please list)	☐	☐

Do You: (☐ if brought to center)

	☐	Yes	No
Wear Dentures	☐	☐	☐
Have Loose Teeth/Caps/Bridges	☐	☐	☐
Wear Glasses/Contacts	☐	☐	☐
Wear Prosthesis	☐	☐	☐
Wear Hearing Aid	☐	☐	☐
Do You Smoke? Pkg/Day	☐	☐	☐
Have You Ever Smoked?	☐	☐	☐
Use Alcohol? (Amt/Day)	☐	☐	☐
Females: Could You Be Pregnant?	☐	☐	☐
Religious Objection to Blood Transfusion?		☐	☐

Explain: _____

Allergies to Drugs or Medicines

Medication/Drug	Reaction

PREVIOUS ANESTHETIC HISTORY

Date of last anesthetic: _____

Any abnormal reactions: ☐ Yes ☐ No Describe: _____

Relatives with abnormal reactions to anesthetics: ☐ Yes ☐ No

COMMENTS: _____

Do you have any questions for your anesthesiologist? _____

Previous Surgeries

Surgery	Date

Medication You Are Currently Taking

Drug	Frequency	Last Taken

When did you last eat or drink? _____

Date *Time*

PHYSICAL EXAMINATION

PRE-ANESTHESIA EVALUATION:	POST-ANESTHESIA EVALUATION
General Appearance:	Condition:
Sensorium:	
Head & Neck:	
Cardiovascular:	Complications:
Chest:	
Abdomen:	
Extremities:	Comments:
Skin:	
Risk: ASA 1 2 3 4 5 E	
Anesthetic Proposed: ☐ Local ☐ MAC/TIVA	
☐ General ☐ Spinal ☐ Standby ☐ Regional	
I have explained Anesthesia risks, benefits and alternatives to care. ☐	
Anesthesiologist ***Date***	***Anesthesiologist*** ***Date***