PATIENT HISTORY

ALLERGIES:

	YES	NO
1. Have you or your family member had a high fever or unexplained fever during/after surgery? Explain:		
2. Have you or your family had a complication from anesthesia? Explain:		
3. Do you have a latex allergy or sensitivity?		
4. Do you have sleep apnea?		
5. Do you drink alcohol?		
6. How much a day?		
7. Do you use addicting drugs?		
8. Do you smoke?		
9. How much a day?		
10. Are you pregnant?		
11. Date of last menstrual period:		
12. Are you on blood thinners or aspirin? Yes ❑ No ❑		
Specify:		
13. Have you had an abnormal EKG ❑		
14. Have you had an abnormal Chest x-ray ❑		
Explain:		

Do you wear:	YES	NO
15. Dentures		
16. Contact lenses		
17. Do you have any body piercings?		
FOR CHILDREN	**YES**	**NO**
18. Immunizations current?		
19. Recently exposed to a contagious disease?		
20. Pregnancy problems or prematurity at birth?		
21. Development appropriate for age?		
22. Breast Bottle Cup		
23. Any food allergies?		

Do you have or have you had:	**YES**	**NO**
If "yes" please describe.		
24. Diabetes		
Insulin ❑ Oral Meds ❑ Diet ❑		
25. Heart Disease:		
26. Hypertension (High Blood Pressure)		
27. Pacemaker		
28. Asthma		
29. Lung Disease:		
30. Kidney Disease:		
On dialysis		
31. Bleeding or clotting problems		
32. Thyroid disease		
33. Severe heartburn		
34. Seizures or epilepsy		
35. Stroke		
36. Back or neck problems		
37. Severe headaches		
38. Glaucoma		
39. Broken facial bones		
40. AIDS or HIV positive		
41. Tuberculosis (T.B.)		
42. Staph Infection (MRSA)		
43. Vancomycin Resistant Enterococcus (VRE)		

44. Please list your previous surgeries & dates within the last 10 years:

45. Please list all of your current doctors:

Comments:

If pre-registered, RN signature ______________

INITIAL VISIT

Patient/Legal Guardian Signature

Date/time

Reviewed by Pre-Op RN Signature

SECOND VISIT No Change ❑

Patient/Legal Guardian Signature

Date/time

Reviewed by Pre-Op RN Signature

THIRD VISIT No Change ❑

Patient/Legal Guardian Signature

Date/time

Reviewed by Pre-Op RN Signature

patient label