

PRE-SURGICAL HISTORY FORM

PATIENT: _____ TODAY'S DATE: _____

DOB: _____ PHONE # 1 _____ PHONE # 2 _____

PATIENT EMPLOYED BY: _____ OCCUPATION: _____

MEDICAL HISTORY

FAMILY PHYSICIAN: _____ PHONE # _____

Please complete the following by checking yes or no to what conditions applies now or has in the past.

Yes	No	Cardiovascular	Give Approximate Date
		Chest pain or angina	
		Heart attack or heart disease	
		Leg cramps, varicose veins or phlebitis	
		High blood pressure	
		Blood Clots or Phlebitis (especially in the legs)	
		EKG in the last 6 months	

Yes	No	Respiratory	Give Approximate Date
		Shortness of breath	
		Asthma	
		Pneumonia, bronchitis or pleurisy	
		Emphysema/TB	
		Coughing or spitting up blood	
		Cold or flu in the last 3 weeks	
		Chest x-ray in the past 6 months	

Yes	No	Neurological	Give Approximate Date
		Headaches (recurrent/persistent)	
		Fainting spells or light-headaches	
		Seizure/seizure disorders	
		Stroke	
		Spells of weakness in arms and legs	
		Depression or anxiety	
		Facial pain or neuritis	
		Skin disease	
		Eye disease or impaired vision	
		Ear disease or impaired hearing	

Yes	No	Gastrointestinal	Give Approximate Date
		Stomach trouble, heartburn, ulcer, nausea, or vomiting	
		Liver or gall bladder disease Hiatal Hernia	
		Jaundice or hepatitis	
		Colitis or other bowel disease	
		Hemorrhoids, rectal bleeding, constipation, or diarrhea	
		Recent change in: appetite, bowel habits, or weight	

Yes	No	Genitourinary	Give Approximate Date
		Kidney or bladder infections	
		Problems with: pain urinating/starting to urinate/change in frequency/ night frequency/blood in urine/kidney stones/kidney disease	

Yes	No	Have you ever been treated for:	Give Approximate Date
		Diabetes	
		Cancer	
		Anemia	
		Thyroid disorder	
		Bleeding/clotting disorder	

Is it possible that you are pregnant? YES NO
Operations/Hospitalizations

What Year

Complications/problems with anesthesia? YES NO

Have you ever had a blood transfusion? YES NO

Yes	No	Except for the present conditions, do you have or have you ever had:	Give Approximate Date
		Bursitis	
		Arthritis or rheumatism	
		Back pain or sciatica	
		Previous broken bones	
		Casts, braces, support crutches or a walker	

Yes	No	Social History
		Do you live alone
		Do you have family or friends to help you post-operatively
		Do you smoke
		If you quite smoking, when? _____
		Packs per day _____ Years _____
		Do you drink alcohol? If yes how much?

MEDICATION HISTORY

Medication Allergies?
If you answered yes

YES NO

What? _____

If you answered yes, explain the reaction: _____

Yes	No	Do you have allergies to any of the following:
		Adhesive Tape
		Iodine
		Dyes used for x-ray studies
		Metals (including nickel or costume/inexpensive jewelry)
		Foods
		Latex
		Other

List all medications you take with dosages, including non-prescription medications.

Name of Medication	Dosage	How often?

Do you ever take any type of Herbal Supplements? **YES NO** If yes, list _____

Yes	No	Do you ever take any of the following:	If yes, how often?
		Aspirin	
		Sedatives	
		Birth Control Pills	
		Hormone replacement therapy	

Signature _____

Date _____

Some of the More Commonly Used Herbs and Their Side Effects.

Herb	Adverse effects	Anesthetic Considerations
Echinacea	Unpleasant taste sensation, tachyphylaxis, potential-hepatotoxicity.	May potentiate barbiturate toxicity.
Garlic	Halitosis, prolongation of Bleeding time, hypotension.	Increased risk of Intraoperative hemodynamic instability.
Ginger	Prolongation of bleeding time	Increased risk of Intraoperative hemodynamic instability.
Gingko biloba	Platelet dysfunction	Increased intraoperative/postoperative bleeding tendencies. May decrease effectiveness of I/V barbiturates.
St. John's wort	Dry mouth, dizziness, constipation, nausea.	Pseudoephedrine, MAOI's, SSRI's should be avoided.
Ginseng	Hypertension, Insomnia, headache, vomiting, epistaxis, prolonged bleeding time, hypoglycemia	Increased risk of Intraoperative hemodynamic instability.
Kava kava	Characteristic Ichthyosiform dermatopathy	May potentiate effect of barbiturates/benzodiazepines, thereby causing excessive sedation.
Feverfew	Apthous ulcers, Gastrointestinal irritability, headache.	Increased risk of intraoperative hemodynamic instability.
Ephedra	Hypertension, tachycardia, cardiomyopathy, CVA, cardiac arrhythmias.	May interact with volatile anesthetic agents e.g. Halothane and fatal cardiac dysrhythmias. Profound intraoperative hypotension controlled with phenylephrine and NOT pseudoephedrine.