

**INDIO SURGERY CENTER
OUTPATIENT SCREENING
PRE-ANESTHESIA QUESTIONNAIRE**

Please read and fill out carefully. All information is confidential. Your anesthesiologist will use this information to help plan the anesthesia.

1. Please state your: AGE: _____ HEIGHT _____ WEIGHT _____ SEX _____

2. Primary Language: _____ Interpreter Needed? Yes No

Year

_____ ASTHMA
_____ CHRONIC BRONCHITIS
_____ EMPHYSEMA
_____ TUBERCULOSIS
_____ HIGH BLOOD PRESSURE
_____ DIABETES
_____ THYROID DISEASE

Year

_____ HEPATITIS
_____ JAUNDICE
_____ KIDNEY DIS.
_____ SEIZURES
_____ EPILEPSY
_____ STROKE
_____ OTHER _____

Year

_____ BLEEDING ISORDER
_____ SICKLE CELL DISORDER
_____ HEMOPHILIA
_____ EASY BRUISING
_____ MUSCLE DIS.
_____ ARTHRITIS

4. Have you ever had a heart attack, heart irregularity, or palpitations? Yes No

Do you get shortness of breath with light work? Yes No

Do you awaken from sleep because you can't breathe? Yes No

Do you sleep with two or more pillows to be able to breath? Yes No

5. Are you wearing contact, lenses, dentures, partial plates, capped teeth or do you have loose teeth? Yes No

6. Have you ever had minor or major surgeries before? Yes No

Please list procedure and year _____

7. If you have had surgery before, did you gave any anesthesia problems such as high fever (malignant hyperthermia), prolonged muscle weakness, or breathing problems? Yes No

Please explain: _____

8. Are you taking any medications? (Aspirin products included) Yes No

Please list: NAME, DOSE, FREQUENCY _____

9. Are you allergic to any medications?

Please list: _____

10. Do you smoke? Yes No _____ # packs a day, _____ # years, _____ # years quit

11. Have you had a cough or fever in the last three days? Yes No

12. If you are a woman, is there a possibility you are pregnant? Yes No

13. Do you have any pain at this time? Yes No

What level of pain do you have? _____

14. Who is your ride home? _____

(Name)

(Phone#)

COMMENTS _____

INDIO SURGERY CENTER

PATIENT INFORMATION

Patient /Parent/Caregiver Signature

Date

Patient Sticker