Foundation Surgery Affiliate of Seguin, L.L.C.

Patient Label here

Anesthesia Evaluation Report

Age:			Actual		Stated
Height:			Actual		Stated
Weight:			Actual		Stated

Allergies to Drugs or Medicines

Medication/Drug	Reaction

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:

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*

Patient's Signature: _____

Signature when above information completed by Patient

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*