

Preanesthesia Questionnaire

The preanesthesia questionnaire is used to help prepare you for the anesthesia process and determine the best anesthetic technique for you. You will be specifically asked about your medical history, current medications, prior operations, and allergies. Additional questions may include:

Yes No

- Have you recently had a cold or the flu?
- Are you allergic to latex (rubber) products?
- Have you experienced chest pain?
- Do you have a heart condition?
- Do you have hypertension (high blood pressure)?
- Do you experience shortness of breath?
- Do you have asthma, bronchitis, or any other breathing problem?
- Do you (or did you) smoke?
_____Packs/day
_____Number of years
_____Date you quit
- Do you consume alcohol?
_____Drinks/week
- Do you take or have you taken recreational drugs?
- Have you taken cortisone (steroids) in the last six months?
- Do you take any nonsteroidal, anti-inflammatory drugs?
- Do you have diabetes?
- Have you had hepatitis, liver disease, or jaundice?
- Do you have a thyroid condition?
- Do you have or have you had kidney disease?
- Do you have ulcers or other stomach disorders?
- Do you have a hiatal hernia?
- Do you have back or neck pain?
- Do you have numbness, weakness, or paralysis of your extremities?
- Do you have any muscle or nerve disease?
- Do you or any family members have sickle cell trait?
- Have you or any blood relatives had difficulties with anesthesia?
- Do you have bleeding problems?
- Do you have loose, chipped, or false teeth? Bridgework? Oral piercings?
- Do you wear contact lenses?
- Have you ever received a blood transfusion?
- (Men) Do you take Viagra?
- (Women) Are you pregnant?
Due date_____