PRE-ANESTHESIA QUESTIONNAIRE

Ramapo Valley Surgical Center

Name	**Age**	**Height**	**Weight**
E-MAIL	**Physician/Surgeon**		
Initial Vital Signs **BP: / mmhg** **HR: bpm** **RR: bpm**	*Label*		

Gender: [ ] Male [ ] Female

Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino [ ] Decline to State

RACE: [ ] Native/Alaskan American [ ] Asian [ ] Black/African American [ ] Native Hawaiian/Pacific Is.[ ] White [ ] Other [ ] Decline to State

Preferred Language [ ] English [ ] French [ ] Italian [ ] Japanese [ ] Portuguese [ ] Russian [ ] Spanish [ ] Other/Unknown

Please Mark All Boxes	**YES**	**NO**
Recent Cold/Flu		
Asthma/COPD/Emphysema		
Pneumonia/TB		
Chronic Cough		
Nighttime Snoring		
Sleep Apnea/CPAP		
Smoking [ ] Yes [ ] No [ ] Every Day [ ] Some Days [ ] Former [ ] Never		
Rheumatic Fever		
Heart Murmur		
High Blood Pressure		
Low Blood Pressure		
Chest Pain/Angina		
Heart Attack/MI		
Irregular Heart Beat		
Palpitations		
Shortness of Breath		
How far can you walk without being short of breath? 1 2 3 or more blocks		
Pacemaker/AICD (Defib)		
Angioplasty or Stent		
Bleeding or Easy Bruising		
Jaundice/Hepatitis		
Acid Reflux/GERD		
Back or Neck Pain/Sciatica		
Arthritis		
Weakness/Numbness in Arms or Legs		
Disabling accident or Fall		
Epilepsy/Convulsions		
Stroke/CVA		
Paralysis/Polio		
Thyroid Disease		
Diabetes		
Kidney Disease		
Drink Alcoholic Beverages		
Recreational Drugs		
Blood Transfusions		
Denture/Caps/Loose Teeth		
Dental Bonding/Laminates		
Motion Sickness/Vertigo		
Could You be Pregnant		
Last Menstrual Period Date		
Unusual Reaction to Anesthesia in Past		

Please List Any Allergies to Medications and/or Food

[ ] NONE

Please List All Medications and/or Supplements

[ ] NONE

Drug/Medication Name	Dose	Fequency

Please List Any Previous Surgeries

[ ] NONE

Any Other Comments

Internist/Family Doctor Name

rev 9-25-10

[ ] Goldstein [ ] Pillitteri [ ] Melyokhin [ ] Song [ ] Gordon [ ] Nestampower

Anesthesiologist Signature	Date
Patient Signature	Date