

# El Camino Surgery Center Pre-op Health History

To help the admission process on the day of surgery please take the time now to fill out the form.

Please FAX completed form to 650-988-7829

Name: last \_\_\_\_\_ first \_\_\_\_\_ Surgeon: \_\_\_\_\_

Expected Date of Procedure: \_\_\_\_\_ Procedure: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F (please circle) Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Internist or Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Last ECG: \_\_\_\_\_

Please answer all questions below. If you answer yes to any of them please explain in the comment section:

Y	N	Do you or have you ever had:	COMMENTS
		1. Heart problems (heart attack, pacemaker, valve problems, chest pain)?	
		2. High blood pressure?	
		3. Breathing problems (emphysema, asthma or shortness of breath)?	
		4. Tuberculosis?	
		5. Diabetes (high blood sugar)?	
		6. Kidney problems?	
		7. Hepatitis or jaundice?	
		8. Seizures, weakness, blackout spells, migraines?	
		9. Depression, anxiety attacks, psychiatric conditions?	
		10. Bleeding or clotting problems?	
		11. Any other MAJOR ILLNESSES (e.g. Cancer, Lupus)?	
		12. Any MAJOR SURGERIES or OPERATIONS?	
		13. Do you take any medications, vitamins, herbal preparations or diet pills? Please list.	
		14. Any reactions to a local or general anesthetic or any family history of such reactions?	
		15. Any ALLERGIES to drugs, iodine, adhesive tape or latex? Please list.	
		16. Is there any possibility you may be pregnant?	If applicable, last menstrual period _____
		17. Do you smoke? _____ packs/day,	Do you have? Dentures _____ Caps _____ Loose Teeth? _____
		18. Use alcohol? _____/day or	Hearing Aid? _____ Contact lenses? _____
		19. Use recreational drugs? _____	Mobility problems? _____ Claustrophobia? Y N
		20. Do you have your post operative medication?	

We will be contacting you a few days before surgery. Please provide a phone number where you can be reached Monday through Friday between 9 AM and 4PM. \_\_\_\_\_

If we get an answering machine or voice mail, is it OK for us to leave a message? Y N (please circle one)

If this is not a convenient time for you OR you do not hear from us by the morning before your surgery, please call us, **El Camino Surgery Center** at **650-988-7997**.

**Courier # WIL 110**