

ANESTHESIA QUESTIONNAIRE

The answers to the following questions will aid in the planning of your anesthetic. Your anesthesia will be administered by:

_____ Anesthesiologist (physician)

_____ Certified Registered Nurse Anesthetist (under the direction of your surgeon)

Have you ever had surgery involving an anesthetic?

If yes, circle type:

Local General Spinal Epidural

Have you ever had a reaction/problem associated with any anesthesia? YES NO

What kind of problem?

High temperature?

Low blood pressure?

Other: _____

YES	NO	<u>Anesthesia History/Other:</u>
		Malignant Hyperthermia
		Previous Complication
		Postoperative Nausea or Vomiting
		Difficult Intubation
Other:		

Has a family member ever had a problem with an anesthetic?

YES NO

Please specify: _____

Do you have any of the following medical problems?

YES	NO	<u>Respiratory:</u>
		Sleep Apnea/CPAP at home
		Recent Respiratory Infection
		Asthma
		Smokeless Tobacco
		COPD/Emphysema
		Home Oxygen
		Prolonged Intubation History
		Snoring
Other:		

Do you smoke? YES NO

How many packs per day? _____

How long have you smoked? _____

Have you ever had a sleep study done? YES NO

When & what were the results? _____

YES	NO	<u>Cardiovascular:</u>
		Hypertension/ High Blood Pressure
		Angina/ Coronary Disease
		Heart Attack History
		Congestive Heart Failure History
		Stent/Angioplasty/Bypass Surgery
		Irregular Rhythm/Palpitations
		Heart Murmur/ Previous Echo
		Pacemaker/ Defibrillator
		Peripheral Vascular Disease
Other:		

YES	NO	<u>GI/Hepatic/Renal:</u>
		Frequent Reflux/ Ulcer
		Alcohol Use: _____
		Hepatitis/Liver Disease/Jaundice
		Nephrolithiasis
		Any Kidney Problems
		Dialysis-last done: _____
Other:		

YES	NO	<u>Endocrine/Blood:</u>
		Thyroid Disease
		Autoimmune Disease
		Steroids in previous six months
		Previous Blood Transfusion/HIV
		Bleeding Disorder/Anticoagulants
		Chemotherapy/Radiation History
		Rheumatoid Arthritis/ Lupus
Other:		

Are you a diabetic?

If yes, do you take medicine for your diabetes?

What medicine? _____

How often? _____

YES	NO	<u>Neurologic:</u>
		Seizure History
		Stroke/ TIA
		Chronic Back Pain/ Back Surgery
		Guillain-Barre/Polio/Spinal Cord
		Muscle Weakness/ Neuropathy
		Blackout/ Fainting
Other:		