

# Patient Pre-Admission Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prior to your surgery, as part of the admission process, we are required to ask you a number of questions regarding your current health and history. During this time that we will be completing your admission paperwork, there may be other patients recovering in the same room that you are in. In order to insure confidentiality of information regarding your health and surgery, we ask that you complete this form before the day of your surgery.

## **Please bring this with you the day of your surgery!**

Please answer yes or no, and explain if needed

1. What is your height and weight? \_\_\_\_\_
2. Who will be driving you home after surgery? \_\_\_\_\_
3. Do you wear dentures and /or contacts? \_\_\_\_\_
4. Do you smoke or drink alcohol? If so, how much? \_\_\_\_\_
5. Do you have heart disease? \_\_\_\_\_
6. Do you have high blood pressure? \_\_\_\_\_  
Are you treating your high blood pressure with medications? \_\_\_\_\_
7. Do you have asthma or breathing problems? \_\_\_\_\_
8. Do you have liver disease? \_\_\_\_\_
9. Do you have neurological disease (seizures or blackouts)? \_\_\_\_\_
10. Do you have thyroid problems (Hypo or Hyper)? \_\_\_\_\_
11. Are you diabetic? What was your last blood sugar and at what time? \_\_\_\_\_
12. Do you have bleeding problems? \_\_\_\_\_
13. Have you had a life-threatening illness in the past? \_\_\_\_\_
14. Any other current medical problems? \_\_\_\_\_
15. Have you had previous surgeries? \_\_\_\_\_
16. Please list and problems you have had with anesthesia or previous surgeries: \_\_\_\_\_  
\_\_\_\_\_
17. Do you have a family history of problems with anesthesia? \_\_\_\_\_
18. Please list any current medications or bring a list: \_\_\_\_\_  
\_\_\_\_\_
19. Please list all medication allergies and reaction to the medication: \_\_\_\_\_  
\_\_\_\_\_
20. Allergy to latex, topical iodine, adhesive tape or egg products? \_\_\_\_\_