MASSACHUSETTS AVENUE SURGERY CENTER

Pre-Anesthesia Form

Elective or emergency anesthesia may be required during procedure. Completion of this form will enable us to better care for you.

A. Do you now or have you had a significant history of:

Circle appropriate response.

1. Heart Disease	No	Yes	Not Sure
2. High Blood Pressure	No	Yes	Not Sure
3. Lung Disease (asthma, emphysema, etc.)	No	Yes	Not Sure
4. Liver Disease (jaundice, hepatitis, etc.)	No	Yes	Not Sure
5. Kidney Problems (other than infection)	No	Yes	Not Sure
6. Diabetes	No	Yes	Not Sure
7. Stroke/Convulsion	No	Yes	Not Sure
8. Thyroid Problem	No	Yes	Not Sure
9. Psychiatric Problems	No	Yes	Not Sure
10. Neurological or Muscular Problem	No	Yes	Not Sure
11. Blood disease, anemia, bleeding disorders	No	Yes	Not Sure
12. Nausea/Vomiting After Surgery/Anesthesia	No	Yes	Not Sure
13. An Anesthetic Complication	No	Yes	Not Sure
14. A Relative With An Anesthetic Complication	No	Yes	Not Sure
15. An Objection To A General Anesthetic	No	Yes	Not Sure
16. An Objection to a Spinal Anesthetic	No	Yes	Not Sure
17. An Upper Respiratory Infection (cold)	No	Yes	Not Sure
18. Shortness Of Breath At Rest	No	Yes	Not Sure
19. Pregnant	No	Yes	Not Sure
20. Loose or Capped Teeth Or Dentures In Place	No	Yes	Not Sure
21. Smoker	None or Packs /Day_____		
22. Recent Drug Use (cocaine, "pot", PCP, steroids)	No	Yes	Not Sure
23. Alcohol Use	No	Yes	Not Sure
24. Malignant Hyperthermia	No	Yes	Not Sure
25. High Fever After Surgery	No	Yes	Not Sure

Physician Comments

B. Other Information:

1.Medications

_____

_____

2. Allergies

_____

_____

3. Weight _____ Height _____ Age _____

Signature_____ Date_____

The advantages and disadvantages of GA, Reg. and MAC have been discussed.

The final anesthesia plan based on patient information assessment of GA, Reg. and MAC.

_____ _____

MD Signature Date

Intubation

Assessment: _____0-1 _____2-3 _____4 (difficult)

☐ Lungs: clear to auscultation

Or _____

☐ Heart: regular rhythm/no murmurs

Or _____

ASA 1 2 3 4 5 E