

Pre-op Assessment

Patient Name (please print): _____ Date: _____ Provider: _____

Chart #: _____

Age: ___ F M Height: ___/___ Weight: _____

BP _____/_____	Pulse _____
Temp. _____	O2 Sat _____

Date of surgical procedure: _____ Surgeon name: _____

Surgical procedure: _____

Place of surgery: _____ Primary Care doctor name: _____

Do you see a cardiologist and/or pulmonologist? If yes, what are their names: _____

ROS: Please check all symptoms you have experienced in the last MONTH.

All ROS is Negative

PMH: Please check any of the conditions below which you have been diagnosed with.

All PMH is Negative

Musculoskeletal		Gastrointestinal																																					
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SURGICAL HISTORYPrior Non-Orthopaedic Operations: NonePrior Orthopaedic Operations: NoneComplications with anesthesia: No Yes, reaction: _____ Reason for anesthesia: _____History of malignant hyperthermia? No Yes Family history of malignant hyperthermia? No YesPast Hospitalizations (not for surgery): No Yes: _____**SOCIAL HISTORY**Smoking status: Current Former Never How many packs per day: _____ For how many years: _____Alcohol Use: Not at all Daily: _____ Weekly: _____ Monthly: _____Substance/IV Drug History: None Yes, type: _____How many people live with you: _____ Marital Status: **M S D W** Are you currently pregnant: Yes NoAre you currently working: Yes No Occupation: _____ Employer: _____If not, how long have you been off work: _____ Student Sports activity: _____Have you ever received the pneumococcal vaccine: Yes NoHave you had 2 or more falls or a fall with injury in the past year: Yes No**FAMILY HISTORY** All NegativeAnesthetic Reaction: Mother Father Diabetes: Mother FatherArthritis: Mother Father High Blood Pressure: Mother Father**MEDICATIONS**

Please list all medications and dosages:

 I am not taking any medications

Please list any herbal supplements you are taking:

 I am not taking any herbal supplements

Do you take Aspirin or NSAIDS (Motrin, Advil)? _____

Which antiplatelet agents do you take?

- Clopidogrel
 Prasugrel
 Ticagrelor
 Ticlopidine
 Other:

Which anticoagulants do you take?

- Xarelto
 Pradaxa
 Coumadin
 Other:

Are you taking any of the following medications?

- Diuretics
 Digoxin
 Steroids

Are you taking any Beta Blockers?

- Metoprolol
 Labetolol
 Carvedilol
 Propranolol
 Other:

ALLERGIES

Please list all allergies and adverse reactions:

FUNCTIONAL CAPACITY (>4 METS) EXAMPLES

Are you able to do any of the following:

1. Climbing one flight of stairs Yes No
2. Mowing the lawn Yes No
3. Gardening Yes No
4. Golfing without a cart Yes No
5. Doubles tennis Yes No
6. Swimming Yes No
7. Riding a bike Yes No
8. Square dancing Yes No
9. Jogging Yes No

FOR OFFICE USE ONLY

Reviewed by MD _____ Date ____/____/____