**Pre-Anesthesia Evaluation**

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Pre-Procedure Vital Signs</th>
</tr>
</thead>
</table>

**Proposed Procedure**

**Previous Anesthesia/Operations (If none, check here □)**

**Current Medications (If none, check here □)**

**Family History of Anesthesia Complications (If none, check here □)**

**Allergies (If NKDA, check here □)**

**Airway/Teeth/Head and Neck**

**HISTORY FROM**

- □ Parent/Guardian
- □ Poor Historian
- □ Chart
- □ Significant Other
- □ Patient

**System** | **WNL** | **Comments** | **Pertinent Study Results**
--- | --- | --- | ---
Respiratory
- Asthma
- Bronchitis
- COPD
- Dyspnea
- Orthopnea
- Cardiovascular
- Angina
- Atrial flutter
- CHF
- Exercise Tolerance
- Hypertension
- Hepato/Gastro/Intestinal
- Bowel obstruction
- Cirrhosis
- Hepatitis
- Hiatal hernia
- Neuro/Musculo/Skeletal
- Ankylosing spondylitis
- Back problems
- CVA/stroke
- DKA
- Headaches
- Loss of consciousness
- Neuromuscular disease
- Paralysis
- Renal/Endocrine
- Diabetes
- Renal failure/Dialysis
- Thyroid disease
- Urinary retention
- Urinary tract infection
- Weight loss/gain
- Other
- Anemia
- Bleeding tendencies
- Hemophilia
- Pregnancy
- Sickle cell trait
- Problem List/Diagnoses
- ASA
  - PS
  - Lab Studies
    - Hgb/Hct/CBC
    - Electrolytes
    - Urinalysis
- Planned Anesthesia/Special Monitors
  - Other
- Pre-Anesthesia Medications Ordered
- Signature of Evaluator(s)