Pre-Op Time _____
Notified Patient _____

Date: _____

Cedar Lake Surgery Center PRE-OPERATIVE EVALUATION/PRE-SEDATION ASSESSMENT

Patient Name: _____ **Age:** _____ **Phone #:** _____

Height: _____ **Weight:** _____ **BMI:** _____ **BP:** _____ **P:** _____ **R:** _____ **Temp:** _____ **SaO2:** _____

Procedure: _____

Yes No 1. Medication Allergies: _____

_____

Yes No 2. Adhesive Sensitivity: _____

Yes No 3. Latex Allergy: _____

Yes No 4. Previous Surgeries: _____

_____

Yes No 5. Patient or family history of anesthesia complications: _____

☐ Nausea & Vomiting ☐ Malignant Hyperthermia

6. Current Medications: _____

_____

_____

Yes No 7. Diet pill use: Name of medication _____ Date discontinued _____

Yes No 8. Heart Conditions: ☐ Heart Attack ☐ Stents ☐ Bypass ☐ Valve Replacement ☐ CHF ☐ Pacer ☐ Other _____

Yes No 9. High Blood Pressure: ☐ Meds taken today _____

Yes No 10. Lung Conditions: ☐ Asthma ☐ COPD ☐ Emphysema ☐ Recent Chest X-Ray ☐ Sleep Apnea ☐ CPAP

Yes No 11. Thyroid Disease: _____

Yes No 12. Diabetes: _____ ☐ Instructed not to take meds on day of surgery

Yes No 13. Hepatitis: ☐ A ☐ B ☐ C ☐ Yellow Jaundice

Yes No 14. Acid Reflux: ☐ Reflux meds taken today _____

15. Other Disease Processes: _____

Yes No 16. Recent cough, cold, or other illness: _____

Yes No 17. Any recent hospitalization or ER visit: _____

18. ☐ Glasses ☐ Contact lenses ☐ Hearing Aids ☐ Any loose, chipped, capped, or false teeth _____

Yes No 19. Tobacco Use: ☐ PPD _____ ☐ Chewing tobacco

Yes No 20. Alcohol Use: ☐ Socially ☐ Weekly ☐ Daily

Yes No 21. NPO status confirmed with patient prior to procedure: _____

Yes No 22. Any possibility of pregnancy?

23. Who will drive you home? _____ Phone #: _____ Post-Op Phone #: _____

24. Next of Kin _____ Phone #: _____

Primary Physician _____ ☐ EKG _____ ☐ Stress Test _____

Cardiologist _____ ☐ Echo _____ ☐ Labs _____ ☐ Other _____

Signature	Initials	Signature	Initials	Signature	Initials

Date _____ Patient Signature: _____ RN Signature: _____

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