



GOOD SAMARITAN HOSPITAL

SUFFERN, NEW YORK 10901

PRE-ANESTHESIA QUESTIONNAIRE

YOUR NAME	PHYSICIAN'S NAME	AGE	HEIGHT	WEIGHT
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	HAVE YOU HAD OR STILL HAVE			FOR MD ONLY				FOR MD ONLY
		YES	NO			YES	NO	
1	Recent cold?				Do you drink alcoholic beverages?			
2	Asthma				Do you use recreational drugs?			
3	Pneumonia/Tuberculosis				Have you had blood transfusions?			
4	Emphysema/Chronic cough or Difficulty Breathing				Any objections to blood transfusions			
5	Any other lung trouble				Do you have dentures, loose teeth, caps or any other dental devices or bonding?			
6	Snoring at night				Have you or your family had an unusual reaction to anesthesia?			
7	Have sleep apnea				Do you suffer from motion sickness/nausea?			
8	Day time sleepiness				Do you have any food, latex or medication allergies?			
9	Do you smoke? How much?				Are you taking any medications, herbal supplements or vitamins? <i>Please list them:</i>			
10	Rheumatic fever/Heart murmur							
11	High blood pressure							
12	Low blood pressure							
13	Chest pain/Angina							
14	Heart attack(s)							
15	Palpitations: irregular or fast heart beat							
16	Shortness of breath on walking up a flight of stairs							
17	How far can you walk without being short of breath: 1,2,3 or more blocks							
18	Do you have a Pacemaker/Automated Defibrillator							
19	Angioplasty or Stents				What operations have you had? <i>Please list them:</i>			
20	Bleeding tendency/Bruise easily							
21	Jaundice, hepatitis, liver trouble							
22	Reflux/Acid Reflux/GERD							
23	Back pain/slipped disc/ sciatica							
24	Neck pain							
25	Arthritis/Difficulty moving							
26	Weakness or numbness in arms or legs							
27	A Disabling accident or fall							
28	Convulsions, epilepsy							
29	Stroke							
30	Polio, paralysis, meningitis				INTERNIST OR FAMILY MD		DATE OF VISIT	
31	Thyroid trouble							
33	Diabetes/Low blood sugar				Is there anything else you would like to tell us? <i>(Please use the back of this sheet)</i>			
33	Kidney trouble							
34	Are you on dialysis				SIGNATURE OF PATIENT		DATE	
35	Last Menstrual Period		Date					
36	Is there any chance you could be pregnant?				SIGNATURE OF EVALUATING ANESTHESIOLOGIST		DATE	