
PRE OPERATIVE PATIENT QUESTIONNAIRE

PATIENT NOTICE/QUESTIONNAIRE

Today's Date

Patient Name (print)

Date of Birth

Name of Surgeon

PRE OPERATIVE QUESTIONS: (print clearly)

List any serious illnesses you have had in the past:

Have you had any shortness of breath, coughing, or wheezing? If so, please describe:

Do you get chest pain when you exercise or exert yourself?

List all medications you have taken in the past 3 months:

List any allergies you have:

Have you or any blood relatives ever had any problems with anesthesia? If so, please list:

FEMALES ONLY:

When was your last menstrual period?

Are you currently pregnant, or is there a chance that you are pregnant?
