

PRE-OPERATIVE HISTORY FORM

NAME: _____ **ALLERGIES:** _____

HEIGHT _____ WEIGHT _____ DOB: _____ English _____ Other _____ Interpreter _____

PERSON DRIVING YOU HOME _____ **Phone #** _____ **Relation** _____

EMERGENCY CONTACT NAME: _____ **Phone #** _____

Planned surgery / procedure side site _____

YES NO

- 1. List of all medications you are presently taking, including over the counter, herbal, and vitamins (see med reconciliation)
- 2. Have you been hospitalized within the last month? _____
- 3. Have you had tuberculosis or recent exposure to someone with TB? _____
- 4. Have you had a recent cold, flu, cough, or fever, in the last two weeks? _____
- 5. Is it necessary for you to take antibiotics prior to dental work? _____
- 6. Do you smoke ___ use alcohol ___ or use recreational drugs? _____
- 7. Have you or your immediate family ever had a bad reaction to a local or general anesthetic? _____
- 8. Previous surgeries? _____

- 9. Are you taking any blood thinners (aspirin, coumadin, plavix, aggrenox) ? _____

Medications taken at home: _____

- 10. Glasses _____ Contacts _____ Dentures _____ Partials _____ Hearing Aid / Hearing Impaired _____
- 11. Ambulatory ___ Cane ___ Walker ___ Wheelchair ___ Level of activity: _____
- 12. **Does pt. need assist in reading/ writing? If yes, assistance will be provided by the pre op RN.**
- 13. Do you have any of the following?
 - Diabetes 1 2
 - Ulcer / Hiatal hernia
 - Bleeding disorder / Easy bruising
 - Stroke
 - Heart Problems
 - Heart Attack
 - Chest Pain
 - Implanted Pacemaker/ Defibrillator
 - Irregular Heartbeat
 - Blood Pressure Problems
 - Chronic Pain
 - Thyroid Problems
 - Kidney Problems
 - Hepatitis
 - Jaundice
 - Rheumatic Fever
 - Blood Transfusion Reaction
 - Anemia
 - Sickle Cell Disease
 - Hyperlipidemia _____
 - Glaucoma
 - Mental Condition _____
 - Neck \ Jaw Stiffness
 - Physical Disability _____
 - Frequent Headaches
 - Seizures
 - Asthma
 - Breathing Problems
 - Difficulty lying flat
 - use of c-pap @ home
 - MRSA or hx of _____

SIGNED _____ **DATE:** _____

REVIEWER: _____ **DATE:** _____