



Date of Surgery			Age	Gender		
Proposed Operation						
Present Illness/Diagnosis/Chief Complaint						
Indication for Surgery/Specialized Findings per Surgeon's Note or per Patient						
РМН	Neg	Positive				
cv						
Pulm		,				
GI/Reflux						
Neuro						
Endocrine						
Renal/GU						
Transfusions		Were you transfused or pregnant in the last 3 months? Y □ N □				
OB/Gyn		LMP Age of Menarche Gravida Para				
PAP Smear Date Results:				Mammogram Date Results:		
If not within three years, does patient wish a referral to a gynecologist? Yes No				If not according to guidelines, does patient wish a referral? Yes No		
Exercise Tolerance						
Allergies						
Other						





Medications (including non-prescription and herbal preparations) Family History Including Anesthesia							
,	,	•					
SOCIAL HX		Neg	Positive				
Alcohol Use							
Other Drug U	se						
Smoking His	noking History						
Living with: Alone Family (specify): Other (specify):							
Referral to Social Worker? Yes No Further details in Additional Information section? Yes No				section? Yes No			
	Date	Operations Anesthetic Compli		Complications			
PRIOR SURGICAL HISTORY							
PEDIATRIC SPECIFIC HISTORY		History Informant		Feedings & Food Intolerance			
Birth History				Hx Childhood Disease			
Vaccination Hx							





PHYSICAL EXAMINATION								
	N	Vormal	Positive	Findings				
HEENT								
Lungs								
Heart								
Abdomen								
Rectal								
Neurological								
Breasts								
Pelvic								
GU								
Airway/Dental					4 1000			
Other								
Vital Signs: BP:_		Ten	np:	P:	RR:	Ht:	Wt:	
LABORATORY FINDINGS (if done)								
	Date	Findir	ngs					
H/H / Plats								
SMA8s								
Chest X-Ray								
EKG						-		
Stress Test	:							
Echo								





NPO/ Pre-Op Instructions Given □					
Other					
ADDITIONAL INFORMATION					
1. Anesthesia staffing explained and accepted ☐ Request: 2. Anesthesia alternative/benefits/risks/ monitoring discussed and questions answered ☐ Patient preference 3. Beta blocker: Continue DOS ☐ 3 Day Prescription Atenolol 25 mg daily given ☐ Consider Intraop ☐ Contraindications: 4. DVT Risk: Low ☐ Mod ☐ High ☐ 5. Incentive Spirometer/Instruction given ☐ 6. Aspiration Risk: Low ☐ High ☐					
SIGNATURES					
NP, PA, Surgery Attending or Resident ID# Print Name	Anesthesia Attending or Resident (required for ASA 3 and 4) Print Name	ID#			
Print Name	r mic ivallic				
Date Time	Date	Time			

AN2C013 (10/13)





A	No A O A NIDO CARA				
Anesthetic Discussion and P	Plan: ASA NPO Status	Patient or Parent Preference			
	Local				
	General				
	Epidural				
Anaethatic altarnativae troat	Spinal				
Anesment alternatives, treat	ment, and risk were discussed with the patien	Block			
		Caudal			
		PCA			
		Other			
Date Time	Anesthesia Attending Signature	D#			
	Print Name				
REASSESSMENT & UPDATE (FOR USE IF H & P IS >7 DAYS AND <30 DAYS PRIOR TO SURGERY)					
PART A. SURGICAL ASSESSMENT / REASSESSMENT NOTE: ☐ The History and Physical examination datedis current and appropriate.					
	examination datedis	current and appropriate.			
Interval Changes (if any):					
☐ The specified procedure is	s indicated at this time.				
or Contraindications to procedure and/or anesthesia (if any):					
Contraindications to proce	edure and/or anestriesia (ii any):				
		• • •			
PART B. SURGICAL UPDAT					
☐ Patient's Current Status is unchanged.					
Change in Current Status	(if any):				
NOTE: BOTH PART A & PART B ARE REQUIRED TO BE COMPLETED.					
Date Time	Signature	ID#			