Waterford SURGICAL CENTER

DATE OF SURGERY:

DO YOU HAVE OR HAVE YOU EVER HAD:	Yes	No
DENTURES/CROWNS/BRIDGES/LOOSE TEETH	☐	☐
IRREGULAR HEART BEAT ; A-FIB	☐	☐
PACEMAKER ; DEFIBRILLATOR	☐	☐
MITRAL VALVE PROLAPSE ; HEART MURMUR	☐	☐
HIGH / LOW BLOOD PRESSURE	☐	☐
HEART ATTACK ; HEART FAILURE	☐	☐
RECENT COUGH OR COLD	☐	☐
ASTHMA ; WHEEZING	☐	☐
BRONCHITIS ; EMPHYSEMA ; COPD	☐	☐
SLEEP APNEA	☐	☐
KIDNEY DISEASE	☐	☐
LIVER DISEASE ; JAUNDICE ; HEPATITIS	☐	☐
HIATAL HERNIA ; HEARTBURN ; REFLUX	☐	☐
BLOOD / CLOTTING DISORDER ; ANEMIA	☐	☐
SICKLE CELL DISEASE	☐	☐
AIDS ; HIV	☐	☐
DIABETES	☐	☐
THYROID DISEASE	☐	☐
SEIZURES	☐	☐
STROKE	☐	☐
UNEXPECTED WEIGHT GAIN OR LOSS	☐	☐
CANCER	☐	☐
HISTORY OF FALLING WITHIN 3 MONTHS	☐	☐

HEIGHT: _____ **WEIGHT:** _____

HAVE YOU HAD:	Yes	No
BLOOD THINNERS IN THE PAST MONTH	☐	☐
CORTISONE OR STEROIDS WITHIN PAST YEAR	☐	☐
A BAD REACTION TO ANESTHESIA	☐	☐
RELATIVES WITH ADVERSE REACTIONS TO ANESTHESIA OR MALIGNANT HYPERTHERMIA	☐	☐
DO YOU:	☐	☐
USE TOBACCO _____ PACKS/DAY	☐	☐
DRINK ALCOHOL _____ AMT/WEEK	☐	☐
USE STREET DRUGS (including marijuana)	☐	☐
USE ANY FORM OF BIRTH CONTROL	☐	☐
HAVE ANY PHYSICAL HANDICAPS OR DISABILITIES	☐	☐
HAVE CULTURAL OR RELIGIOUS CONCERNS	☐	☐
HAVE SOMEONE TO HELP WHEN YOU GO HOME	☐	☐
HAVE A DURABLE POWER OF ATTORNEY	☐	☐
HAVE A HISTORY OF DOMESTIC VIOLENCE	☐	☐
HAVE A WSC BROCHURE FROM THE DR.'S OFFICE	☐	☐

COMMUNICATION:

☐ NON-ENGLISH ☐ LEARNING IMPAIRMENT

☐ HARD OF HEARING ☐ DEAF ☐ BLIND

☐ OTHER: ☐ N/A

SEX: ☐ **MALE** ☐ **FEMALE**

LIST SURGERIES: ☐ **NONE**

ALLERGIES: ☐ **NONE**

FOR PATIENTS W/ CARDIAC HISTORY:

CARDIOLOGIST: _____

CARDIOLOGIST LAST SEEN DATE: _____

☐ N/A

THIS PATIENT WILL BE AT RISK OF FALLING IF GIVEN ANESTHESIA OR PAIN MEDICATION YES [X] NO [ ]

CURRENT/RECENT INFECTIONS OR DISEASES: COVID-19 ; FLU ; PNEUMONIA ; TB ; CHICKEN POX ; MRSA ; C-DIFF ; SHINGLES ; URINARY TRACT INFECTION ; YEAST INFECTION ; ACTIVE HERPES / STD ; CELLULITIS ; OTHER:_____ COMMENTS:_____ ☐ ☐

OTHER ILLNESSES:

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE - PATIENT SIGNATURE: _____ **Date:** _____

PHONE INTERVIEW BY: _____ **DATE/TIME** **REVIEWED BY:** _____ **DATE/TIME**

BP: ____ / ____ **P:** ____ **R:** ____ **SPO2:** ____ **%** **T:** ____

FOR WSC USE ONLY:

Malampati score: **MDA SIGNATURE:** _____ **DATE AND TIME:**_____

Lungs:

Heart:

ASA score: 1 2 3 4 5

NARRATIVE NOTES: