PARK PLACE
SURGICAL HOSPITAL
A Joint Venture of Park Place Surgical Hospital & Our Lady of Lourdes Regional Medical Center

Name:____________________________

PREOPERATIVE HISTORY FORM

Please list major illnesses or medical conditions you currently have or have had during your life (other than usual childhood diseases):____
____
____

Please list all medications, (pills, herbs or injections) you are currently taking:
____
____
____

Please list what you are allergic to (including latex):_____________________________

Please list operations you have had during your life and the approximate date of operation(s):____
____

Immunization Status: Adult: □ Pneumovax □ Flu Vaccine □ DT □ Other________ □ Not Known
Pediatric: □ Current □ Not Current

	Yes	No
Have you or any of your blood relatives ever had a reaction to or a problem with Anesthesia (of any type)?	□	□
Have you had any problems with your □ blood pressure, □ blood vessels, or □ heart? If yes, what? _______________________________	□	□
Have you had problems with your □ lungs, □ breathing, or □ taken medicine for your Lungs or breathing? (Inhalers, Asthma)	□	□
Have you had □ seizures, □ convulsions, □ blackout spells or □ headaches?	□	□
Have you ever been diagnosed as having □ hiatal hernia, □ heartburn (reflux esophagitis) or □ ulcers?	□	□
Have you had □ jaundice, □ hepatitis, □ liver or □ kidney problems?	□	□
Have you had □ anemia, □ bleeding problems, or □ blood transfusion reaction?	□	□
Within the last year, have you taken or been injected with steroids (cortisone, ACTH)?	□	□
Have you had any problems with your □ thyroid, □ adrenal gland, or □ diabetes?	□	□
Do you have any problems with □ arthritis, □ joints, or □ muscles?	□	□
Do you smoke? How much per day? _______________________	□	□
Do you consume alcohol? How much per day? __________________	□	□
Do you use any “street” (illicit) drugs? (If so, please inform your anesthesiologist)	□	□

Patient’s Height_________________ Weight______________ Pediatric: Head Circ_____________