

Preop Diagnosis			Planned Procedure		Identification			
Age	M	F	Height	Weight				
Previous Anesthetic History		NO	Current Medications					NO
Smoking, Alcohol, Drugs					Family History/Surgical Problems			NO
					Allergies/Documentation			NO

System	History	Current Status							
Cardiovascular	NC								
Pulmonary	NC								
Renal	NC								
Hepatic	NC								
Neurological	NC								
Gastrointestinal	NC								
Hematological	NC								
Endocrine/Metabolic	NC								
Musculoskeletal	NC								
Psychiatric	NC								
Obstetrical	NC								
Vital Signs	NC	General	NC	Airway	NC	Teeth	NC	Lungs	NC
Heart	NC	Abdomen	NC	Extremities	NC	Spine	NC	Regional Anes. Site	NC
Chest X-Ray	NC	ECG	NC	Na	Cl	BUN	WBC	PT	Other
				K	CO2	Creat	Hb/HCT	PTT	
				GLU	LFTS	PLTS			
Assess.	ASA						Full Stomach Precautions?	Y	N

Plan:

Signature(s)

Date

AM  
PM