



## Patient Checklist

Please use this as a tool to expedite the check-in process.

### *On Surgery Day:*

- DO NOT eat or drink anything after midnight, the night before your procedure unless you have been instructed otherwise.
- You will need a responsible adult to provide transportation home and care after your procedure.
- Wear comfortable, loose fitting clothing.
- Bring cases for eyeglasses, contact lens and dentures.
- Bring medical insurance cards, a picture ID and appropriate co-payment amount.
- Bring any x-rays, slings, crutches, ice machine or any other supplies your physician has provided.
- Bring the completed Medication list. – *see attached form*
- Bring the completed Anesthesia questionnaire. – *see attached form*
- Please leave all jewelry and valuables at home.
- Remove all body piercing before coming to the Center for Surgery.

**CENTER FOR SURGERY OF ENCINITAS**

**Anesthesia Questionnaire**

Reviewers Initials:

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_

Physical Activity Now: Little \_\_\_\_\_ Moderate \_\_\_\_\_ Active \_\_\_\_\_ Very Active \_\_\_\_\_

Can you climb stairs? Yes \_\_\_\_\_ No \_\_\_\_\_ More than one flight \_\_\_\_\_

**YOUR ANESTHESIA HISTORY**

What kind of anesthesia have you had? (circle all that apply)

General (Pentotal/Gas) Saddle Block/Spinal Nerve blocks Local injections

YES NO

- Have you or your family had any reactions, problems, or complications with anesthesia?
- Are you allergic to Latex?
- Have you been treated at this facility before?
- Have removable dentures, caps, loose or chipped teeth?
- Wear contact lenses, false eyelashes, false eyes?
- Have difficulty opening your mouth or moving your head or neck?

**YOUR MEDICAL HISTORY (IF ANSWER IS YES, CIRCLE ALL THAT APPLY)**

YES NO

- Bleeding Tendency, Hepatitis Jaundice Liver Trouble
- Lung Disease TB Asthma Wheezing Bronchitis Emphysema
- Do you currently have a Cough Cold
- Heart Disease Heart "Attack" Angina Chest Pain Irregular heart beat High blood pressure
- Stroke Epilepsy Convulsions Mental illness Nerve Paralysis Fainting Spell
- Diabetes Thyroid Disease Glaucoma Sickle Cell Anemia
- Present Drug Addiction List Drug(s) \_\_\_\_\_
- Have you taken illegal drugs What Drug(s) \_\_\_\_\_
- Do you smoke? How much \_\_\_\_\_ How Often \_\_\_\_\_ Year Quit \_\_\_\_\_
- Drink alcohol? How much \_\_\_\_\_ How often \_\_\_\_\_ Alcohol withdrawal? \_\_\_\_\_
- Are you pregnant?
- Are you taking Aspirin, Blood thinners or NSAIDS? Date of last dose \_\_\_\_\_
- Do you snore? Have sleep apnea? Use C-PAP?
- Are you allergic to: Medications Foods Soap Tape

**List ALL allergies** \_\_\_\_\_

**List Previous Surgery (ies)** \_\_\_\_\_

Your anesthesiologist will talk and advise you regarding the type of anesthesia considered medically advisable. Modern day anesthesia is very safe. However, you should understand that, like other medical procedures, the administration of anesthesia is associated with certain risks. Major complications from anesthesia are extremely rare but they can result in death or disability. Please sign below when you have completed this form to the best of your knowledge and are satisfied you understand its contents.

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_

