

Pre-Operative Questionnaire

Once your surgery has been scheduled, please complete this document and scan/email the responses to pacu@bethesdacc.com. Please allow 24-48 hours for a response from our staff as we are working hard to ensure you and all of our patients are attended to. If you prefer faxing the information, the fax is **240-800-3641**.

If you need immediate assistance or your surgery date is within 24-48 hours, please call 301-968-3184 and asked to speak to a Pre-Op Nurse.

Name: _____ **Best Contact Number:** _____

Primary Care Doctor: _____ **Office Phone Number:** _____

HEIGHT? _____ **WEIGHT?** _____

Important: If you are receiving anesthesia, you are **required to have a History and Physical Exam (H&P) within 30 days of your scheduled procedure**, unless instructed otherwise. Your Surgeon will provide you with orders that specify what is required. Your primary care doctor should fax the results to 240-800-3641. (Note: if you are over the age of 64 years old, an EKG is required in addition to the H&P)

Medication List (Include vitamins/supplements, Attached list is OK)			
Medication name	Dosage	Frequency	
Surgical History (Attached list is OK)			
Prior Surgeries	When?	Complications?	
Health History			
Question	YES	NO	IF YES, EXPLAIN
Do you have any allergies to medications?			Please name medications
Do you have seasonal allergies?			
Any possibility of pregnancy?			Last menstrual cycle?
Do you smoke?			Frequency?
Do you drink alcohol?			Frequency?
History of cardiac problems? (Hypertension, MI)			
History of respiratory problems? (Asthma, COPD)			
History of infectious disease? (HIV, Hepatitis, MRSA)			
History of neurological/mental conditions?			
History of other medical conditions? (Diabetes, GERD, Cancer)			
Anesthesia			
Question	YES	NO	IF YES, EXPLAIN
Have you or any family members had a problem with anesthesia? (Malignant Hyperthermia)			
Do you snore?			
Do you have sleep apnea?			Do you use a CPAP device?