

QUESTIONNAIRE

To provide optimum care, your anesthesiologist must know your medical history in detail. Please be prepared to discuss the following items.

- 1) Allergies to medicines, eggs (lecithin), or latex.
- 2) Medications currently being taken. Please include any herbal or "natural" medications and weight control medications.
- 3) Prior operations requiring anesthesia. Any history of problems with anesthesia or family history such as high fever or the need for a respirator after anesthesia?
- 4) The name and phone number of your primary physician, family physician, or internist. (If you have a new primary physician who does not yet know you, the name and number of your former physician would be helpful.)
- 5) Heart problems such as chest pain, irregular heartbeat, congestive heart failure, heart murmurs or high blood pressure.
- 6) Breathing problems such as asthma, wheezing, recent or recurrent bronchitis, pneumonia. If you smoke, how much? If you quit smoking, when?
- 7) Liver problems such as hepatitis or jaundice. If you drink, how much?
- 8) Stomach problems such as heartburn, acid reflux, or regurgitation.
- 9) Kidney problems such as stones, infection or insufficiency.
- 10) Fainting spells, seizures, stroke, weakness or numbness in any part of your body. Headaches (sinus, tension or migraine?).
- 11) Neck or back problems?
- 12) Endocrine problems such as diabetes or thyroid disease. Have you taken steroid medications such as prednisone or cortisone.
- 13) If you are female and less than 50 years old, last menstrual period? How do you avoid pregnancy? (Birth control pills? Abstinence?).
- 14) Sleep apnea, or periods where you snore so heavily that you stop breathing for a few seconds. If you use a CPAP machine, please be prepared to bring it with you.