WENTWORTH-DOUGLASS HOSPITAL
A Mass General Community Hospital

ANESTHESIA QUESTIONNAIRE

Report Patient Supplied Data

Patient Identification Area

Patient: Please Answer Each Question

Primary Care Provider: _____

Height: _____ Weight: _____

All Previous Operations	Year	Were you awake or asleep?

Please indicate any problems you have had from surgery or anesthesia: _____

	Yes	No
Do you have any specific concerns or questions about your anesthetic?	❑	❑
Have any of your blood relatives had any unusual problems from anesthesia?	❑	❑
Have any of your blood relatives had any blood clotting disorders?	❑	❑
Have you been admitted to a hospital in the last 6 months?	❑	❑

What was the reason/diagnosis? _____

	Yes	No
Do you exercise regularly?	❑	❑
Can you climb one flight of stairs without getting fatigued or short of breath?	❑	❑
Can you climb two flights of stairs without getting fatigued or short of breath?	❑	❑
Are you taking any blood thinners or anticoagulants?	❑	❑

Have you taken in the last 2 weeks:

- warfarin (Coumadin) ❑ Date of last dose: _____
- enoxaparin (Lovenox) ❑ Date of last dose: _____
- clopidogrel (Plavix) ❑ Date of last dose: _____
- ticlodipine (Ticlid) ❑ Date of last dose: _____

Please list any allergies you have:

Allergic To:	What Happens?

Women of child-bearing age:

	Yes	No
Could you be pregnant now?	❑	❑
When was your last period? _____		
Have you had sex without using birth control since your last period?	❑	❑

	Yes	No
Do you smoke?	❑	❑
Packs per day: _____		
When did you quit smoking? _____		
Do you have any breathing problems?	❑	❑
Asthma	❑	❑
Bronchitis	❑	❑
Emphysema	❑	❑
Sleep Apnea	❑	❑
Shortness of Breath	❑	❑
Have you had a recent cold?	❑	❑
Do you have high blood pressure?	❑	❑
Do you have vascular disease?	❑	❑
Do you have any heart problems?	❑	❑
Angina / Chest Pain	❑	❑
Heart Attack	❑	❑
When? _____		
Heart rhythm problems	❑	❑
Pacemaker	❑	❑
Heart valve condition	❑	❑
What condition? _____		
Congestive Heart Failure	❑	❑
Do you have stomach problems?	❑	❑
Ulcers	❑	❑
Hiatal Hernia	❑	❑
Severe Heartburn	❑	❑
Gastroesophageal reflux	❑	❑
Do you drink alcohol?	❑	❑
Have you had liver disease?	❑	❑
Hepatitis	❑	❑
Do you have kidney disease?	❑	❑
Do you have diabetes?	❑	❑
Have you ever had epilepsy or a convulsion?	❑	❑
Do you have back trouble?	❑	❑
Do you have numbness or tingling in your arms or legs?	❑	❑
Have you or any of your blood relatives had a history of anemia?	❑	❑
Have you ever had a blood transfusion?	❑	❑
Did you have a reaction to the transfusion?	❑	❑

Other medical problems: _____

Do you have loose, false, or capped teeth?	❑	❑
Do you wear glasses/contact lenses?	❑	❑

Completed by: _____

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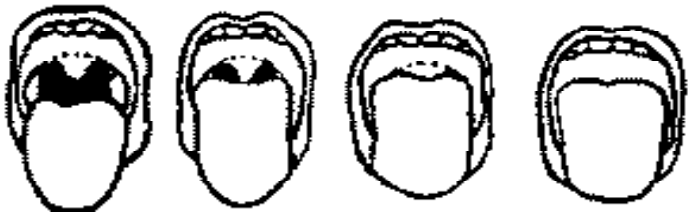
Note Pre−Operative

Patient Identification Area

ANESTHESIA QUESTIONNAIRE

THIS SECTION TO BE COMPLETED BY HOSPITAL STAFF ONLY

Physical Exam

Mental Status	❑ NL ❑ Confused ❑ Other
Airway	C Spine ROM ❑ NL ❑ Limited _____ Mouth Opening ❑ NL ❑ Limited _____
View of Posterior Pharynx	 ❑ Class I ❑ Class II ❑ Class III ❑ Class IV **Possible difficult airway** ❑ **Consider awake intubation** ❑ Mental−hyoid distance: _____ Fingerbreadths
Dentition	❑ NL ❑ Dentures _____
Lungs	❑ Clear to Auscultation ❑ Other
Heart	❑ RRR without Murmur ❑ Other

Anesthesiologist's Comments: _____

NPO Status: _____

ASA Classification: ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ Emergency Surgery

After review of this form and examination of this patient, the following anesthetic is proposed:

❑ MAC ❑ GA ❑ Spinal ❑ Epidural ❑ CSE ❑ CVP
❑ Epidural if needed post−op ❑ Interscalene ❑ Axillary ❑ Ankle block ❑ Art line
❑ Continuous catheter ❑ IV Regional
Femoral /_____ ❑ Other: _____

❑ DNR status discussed

_____ MD / DO _____
Signature Date / Time