Patient Questionnaire

Name _____Date_____
Age _____ **Weight** _____ **Height** _____

Contact phone numbers_____

_____

Address_____

_____

_____

Allergies

_____
_____
_____

Current Medications (Prescription and Non-Prescription -- include all over-the-counter medications; herbal supplements; complementary or alternative)_____
_____
_____
_____
_____
_____
_____

Prior Operations _____

_____

_____

_____

Yes No

( ) ( ) Have you recently had a cold or the flu?
( ) ( ) Are you allergic to latex (rubber) products?
( ) ( ) Have you experienced chest pain?
( ) ( ) Do you have a heart condition?
( ) ( ) Do you have high blood pressure (hypertension)?
( ) ( ) Do you experience shortness of breath?
( ) ( ) Can you get up a flight of stairs?
( ) ( ) Do you have asthma, bronchitis, or any other breathing problems?
( ) ( ) Do you (or did you) smoke?
Packs/day_____Number of years_____
( ) ( ) Do you consume alcohol?
Drinks per week_____
( ) ( ) Do you take or have you taken any recreational drugs?
( ) ( ) Do you take herbal supplements, complementary or alternative medicines? How recently?_____
( ) ( ) (Men) Do you take or have taken Viagra, Cialis, or other erectile dysfunction medicines?
( ) ( ) (Women) Are you pregnant?
( ) ( ) Have you taken cortisone (steroids) in the last 6 months?
( ) ( ) Do you have diabetes?
( ) ( ) Have you had hepatitis, liver disease, or jaundice?
( ) ( ) Do you have a thyroid condition?
( ) ( ) Do you or have you had kidney disease?
( ) ( ) Do you have ulcers other Stomach disorders?
( ) ( ) Do you have a hiatal hernia?
( ) ( ) Do you have neck pain?
( ) ( ) Do you have numbness, weakness, or paralysis of extremities?
( ) ( ) Do you have any muscle or nerve disease?
( ) ( ) Do you or any of your family have sickle cell trait?
( ) ( ) Have you or any blood relatives had any difficulties with anesthesia?
( ) ( ) Do you have any bleeding problems?
( ) ( ) Do you have any loose, chipped, false teeth, or bridgework?
( ) ( ) Do you wear contact lenses?
( ) ( ) Do you have any body piercings?