

WELCOME TO PRE-OPERATIVE SERVICES

Our goal is to ensure that you are appropriately prepared for your upcoming surgery. Your visit with us today can take up to 2 hours, depending on the number of interviews and tests you need.

Please take a moment to fill in the following questionnaire:

Name _____ Date _____ Surgeon _____ Surgery Date _____

1. Age: _____ Height: _____ Weight: _____

2. Circle correct answer: my surgery is on my LEFT / RIGHT / both / I don't know / Not applicable

3. Primary Care Physician: Name: _____ Phone: _____ Fax: _____ Town/State: _____

In case we need to get information from them, please list other physicians you see:

Specialty	Name	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you asked to see any of these physicians prior to surgery? No Yes: Dr _____ Dr _____

4. Have you ever had (If Yes, when and where?) any of the following tests?

EKG _____ STRESS TEST _____ ECHO _____

5. In the last 6 months, have you had a) blood work? Yes No b) Chest X-ray? Yes No

6. Have you ever had a) post-operative nausea and vomiting? Yes No b) Motion Sickness? Yes No

7. Please list all major illnesses: _____

8. Are you out of breath after climbing one flight of stairs? Yes No

9. Have you ever been diagnosed with any of the following?

Diabetes Yes No (Insulin: Yes No)

Blood Clot (Deep Vein Thrombosis) Yes No

Reflux/Heartburn Yes No

Sleep apnea Yes No Sleep study: date: _____ place: _____

If yes, do you use CPAP? Y/N Dental appliance? Y/N

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No

Do you often feel tired, fatigued, or sleepy during daytime? Yes No

Has anyone observed you stop breathing during your sleep? Yes No

Do you have or are you being treated for high blood pressure? Yes No

If you answered yes to 2 or more of the above questions in this box– you may have obstructive sleep apnea and should consult with your primary care physician about a sleep clinic referral

Please turn over and complete both sides.

