

Preop History

St. Joseph's Outpatient Surgery Center
St. Joseph's Recovery Care Center

Date: _____

Patient Name: _____

Previous Surgeries:

Actual Weight _____ lbs _____ Kg

Height _____

LMP _____ N/A

Anesthesia	Yes	No	Comments
Unexplained fever with surgery in your family?			
Heart/Vascular			
Hypertension			
Heart Attack/Blockage/Stents			
Pacemaker			
Implanted Defibrillator			
Lung/Respiratory			
Sleep Apnea			
Asthma			
Smoker/#packs day/# of years			
GI/Liver			
Hiatal Hernia/Reflux			
Hepatitis/Cirrhosis			
Musculoskeletal			
Artificial Joints			
Muscle Diseases			
Mobility Aids			
Neurological			
Seizures/Date of last one			
Developmental Delay			
Strokes/Dates			
Endocrine			
Diabetes./Medication or diet controlled			
Thyroid			
Kidney/Bladder			
Bleeding Disorders			
HIV/Aids/Drug Abuse			
Children 6 & younger/Special Info			