

**RIVER DRIVE SURGERY & LASER CENTER
(RDSLCL)
PRE-OPERATIVE HEALTH QUESTIONNAIRE**

PATIENT NAME _____ DATE _____ ASC# _____
NAME OF YOUR MEDICAL DOCTOR _____ PHONE _____

HAVE YOU EVER HAD:

Y__N__ HEART CONDITION: ☐ High Blood Pressure ☐ Angina ☐ Bypass ☐ Surgery if yes _____
Y__N__ LUNG SURGERY? If yes, which lung ☐ Left ☐ Right
Y__N__ ASTHMA / BREATHING PROBLEMS / TUBERCULOSIS? _____
Y__N__ DIABETES (HIGH SUGAR)? ☐ Insulin Dependent ☐ Non-Insulin Dependent (NIDDM)
Y__N__ STROKE / SEIZURES / CONVULSIONS
Y__N__ (CJD) CREUTZFELDT-JAKOB DISEASE
Y__N__ (MRSA) Methicillin resistant staphylococcus aureus? Yes/No. If Yes, did you receive antibiotic treatment?
Y__N__ BLEEDING PROBLEMS/ JAUNDICE/ HEPATITIS/ LIVER PROBLEMS?
Y__N__ (HIV) HUMAN IMMUNODEFICIENCY VIRUS / AUTOIMMUNE DISEASES? _____
Y__N__ KIDNEY DISEASE ☐ Dialysis ☐ Shunt, location _____
Y__N__ BREAST SURGERY? ☐ Left ☐ Right ☐ Both
Y__N__ PREVIOUS SURGERY(S) If yes explain _____
Y__N__ A BAD REACTION TO LOCAL OR GENERAL ANESTHESIA?
Y__N__ ALLERGIES OR REACTIONS TO DRUGS/SHELLFISH/IVP DYE/LATEX? If yes please list: _____
Y__N__ TAKE PRESCRIPTION MEDICATIONS? PLEASE LIST

NAME	DOSAGE

Y__N__ ARE YOU PREGNANT? LAST MENSTRUAL PERIOD DATE: _____X
DO YOU HAVE ANY PAIN? Y__N__ IF YES PLEASE RATE ON THE SCALE (0=NONE 10 =SEVERE)
0 1 2 3 4 5 6 7 8 9 10 >10 IF SO, WHERE? _____
WHAT RELIEVES THE PAIN? _____

DO YOU:

Y__N__ HAVE A PACEMAKER/IMPLANTABLE DEFIBRILLATOR/CARDIOVERTER?
Y__N__ WEAR A HEARING AID?
Y__N__ WEAR CONTACT LENSES?
Y__N__ HAVE DENTURES, CAPS, BRIDGES? PLEASE CIRCLE
Y__N__ SMOKE IF SO HOW MUCH PER DAY?
Y__N__ DRINK ALCOHOL? IF SO, HOW MUCH PER DAY? _____
Y__N__ NEED TRANSPORTATION? Y__N__ DISABILITY/PROSTHESIS
Y__N__ USE WHEELCHAIR, CANE, WALKER, IF SO, PLEASE CIRCLE

TRANSLATION: _____ BY FAMILY MEMBER _____ BY RIVER DRIVE SURGERY CENTER STAFF _____ SAME AS PREVIOUS
EMERGENCY CONTACT: NAME _____ # _____

Y__N__ I AUTHORIZE RDSLCL TO CONTACT MYSELF, ANSWERING MACHINE, OR EMERGENCY CONTACT AS NEEDED.
PATIENT'S SIGNATURE _____ REVIEWED BY (RN/LPN/OT SIGNATURE) _____
DATE _____