

INFORMATION ABOVE THE DOUBLE LINE MAY BE FOUND ON THE PATIENT HISTORY

PATIENT HISTORY REVIEWED BY ANESTHETIST

| | |
|--|-------------|
| NPO SINCE: | |
| OPERATION PROPOSED | |
| ANESTHESIA: | |
| ANESTHESIA FAMILY HISTORY: | |
| ALLERGIES: | |
| | |
| | |
| MEDICATIONS: | |
| | |
| CARDIOVASCULAR: | |
| | |
| PULMONARY: | |
| | |
| GI / HEPATIC: | |
| RENAL: | |
| CNS: | |
| ENDOCRINE: | |
| REMARKS: | |
| | |
| | |
| | |
| PRE-PROCEDURE VITALS REVIEWED <input type="checkbox"/> | |
| HEENT | DENTITION: |
| NECK | |
| CHEST | |
| COR | |
| LAB: HCT | OTHER: |
| STATUS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> E | |
| PLAN: <input type="checkbox"/> MAC <input type="checkbox"/> GETA <input type="checkbox"/> GA <input type="checkbox"/> SAB <input type="checkbox"/> EPIDURAL <input type="checkbox"/> IV REGIONAL | |
| POSSIBLE COMPLICATIONS EXPLAINED, QUESTIONS ANSWERED. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> RISKS, BENEFITS, & ALTERNATIVES EXPLAINED | |
| | |
| | |
| SIGNED X | DATE: TIME: |

ANESTHESIA PROGRESS NOTES

