



**PRE OPERATIVE QUESTIONNAIRE FOR PATIENTS UNDERGOING
A SURGICAL PROCEDURE**

YES NO Do you have any questions about your upcoming procedure? _____

Do you have any allergies or intolerances to the following:

- YES NO Prescription medications?
- YES NO Over the counter medications?
- YES NO Latex products?

- YES NO Have you ever had a significant fever shortly after an operation?
- YES NO Do you have any close family members who have had a significant fever shortly after an operation or who have died shortly after an operation?
- YES NO Do you smoke?
- YES NO Do you drink more than 7 alcoholic (beer,wine, liquor) beverages/week?
- YES NO Have you been sick within the past 4 weeks with any type of infection?
- YES NO Do you have difficulty walking 2 blocks on level ground and/or carrying 2 bags of groceries up 1 flight of stairs with out symptoms?
- YES NO Do you often get crampy pain in your legs with walking that is relieved with resting?
- YES NO Have you had recent chest pain with exertion? Any other chest pain?
- YES NO Have you ever been told that you have congestive heart failure?
- YES NO Do you notice ankle swelling on a regular basis?
- YES NO Do you have a history of asthma? If yes, do you use your rescue inhaler (e.g.albuterol and others) more than 2 times/week?
- YES NO Have you noticed recent cough, wheezing or shortness of breath?
- YES NO Have you ever had a blood clot in your leg or lung?
- YES NO Have you or any of your close family members had a history of abnormal bleeding after trauma, surgery or childbirth?

- YES NO Do you take any blood thinning medications(aspirin, Plavix (clopidogrel), Coumadin(warfarin)?
- YES NO Do you take prednisone or other corticosteroids?
- YES NO Do you take any Over the Counter medications, such as Vit E, Fish Oil, Black Cohash, Glucosamine, etc.
- YES NO Do you have a history of Rheumatoid arthritis?
- YES NO Have you ever been told that you have ongoing liver inflammation(hepatitis) or liver disease?
- YES NO Have you had recent urinary burning, frequency, urgency, hesitancy or new incontinence?
- YES NO Men-have you ever been told that you have an enlarged prostate? Do you have a difficult time straining or passing your urine?
- YES NO Have you ever had a seizure?
- YES NO Have you ever had significant confusion after a surgery or during a hospitalization?
- YES NO Have you ever had a stroke?
- YES NO Do you have a Durable Power of Attorney document?
- YES NO Women-is there any chance that you could be pregnant? If applicable, when was your last normal menstrual period?_____