

Pre-op Health History

To help the admission process on the day of surgery please fill out the form

Name: last _____ first _____ Surgeon: _____

Expected Date of Procedure: _____ Procedure: _____

Age: _____ Sex: M F (please circle) Height: _____ Weight: _____ Date of Birth: _____

Internist or Primary Care Physician: _____ Phone: _____ Last ECG: _____

Please answer all questions below. If you answer yes to any of them, please explain in the comments section:

Y	N	Do you or have you ever had:	COMMENTS
		1. Heart problems (heart attack, pacemaker, valve problems, chest pain)?	
		2. High blood pressure?	
		3. Breathing problems (emphysema, asthma or shortness of breath)?	
		4. Tuberculosis?	
		5. Diabetes (high blood sugar)?	
		6. Kidney problems?	
		7. Hepatitis or jaundice?	
		8. Seizures, weakness, blackout spells, migraines?	
		9. Depression, anxiety attacks, psychiatric conditions?	
		10. Bleeding or clotting problems?	
		11. Any other MAJOR ILLNESSES (e.g. Cancer, Lupus)?	
		12. Any MAJOR SURGERIES or OPERATIONS?	
		13. Do you take any medications, vitamins, herbal preparations or diet pills? Please list	
		14. Any reactions to local or general anesthetic or any family history of such reactions?	
		15. Any ALLERGIES to drugs, iodine, adhesive tape or latex? Please list	
		16. Is there any possibility you may be pregnant?	If applicable, last menstrual period: _____
		17. Do you smoke? _____ packs per day	Do you have: Dentures? ___ Caps? ___ Loose Teeth? ___
		18. Use alcohol? _____ day or _____	Hearing Aid? _____ Contact lenses? _____
		19. Use recreational drugs? _____	Mobility problems? _____ Claustrophobia? Y N
		20. Do you have your post operative medication?	

We will be contacting you a few days before surgery. Please provide a phone number where you can be reached Monday through Friday between 9 AM and 4 PM: _____.

If we get an answering machine or voicemail, is it OK for us to leave a message? Y N (please circle). If this is not a convenient time for you OR you do not hear from us by the morning before your surgery, please call us. El Camino Surgery Center at 650-988-7997.

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