

ANESTHESIA PRE-OP FORM:

<u>PATIENT STICKER:</u>	<u>SURGERY:</u>	<u>DIAGNOSIS:</u>	<u>SURGEON:</u>	<u>PT ROOM:</u>
			<u>NPO STATUS:</u>	<u>WEIGHT:</u>
				<u>BMI:</u>

<u>PMH:</u>	<u>PSH:</u>	<u>MEDS:</u>	<u>ALLERGIES:</u>	<u>LABS/STUDIES:</u>
				H_gB WBC Na^+ HCO_3^- BUN Hct K^+ Cl^- Cr <i>Gluc</i> PH Glucose: PTT: PT/INR: ABG: EKG: ECHO: CXR: OTHER:
	<u>ANESTHESIA HX:</u>	Drips/Rate: Blood Thinners: Y/N Last Dose: Beta Blocker: Y/N Last Dose:		

<u>VITALS:</u>	<u>PHYSICAL EXAM:</u>	<u>ANESTHETIC PLAN:</u>
BP: HR: RR: SpO2: Temp: Neuro status: Vent Settings: Lines:	Airway: MP: I II III IV ROM: TMD: Dentition: Cardiac: Resp: Neuro:	ASA: 1 2 3 4 5 6 E Post-op Pain Management: