

Patient Questionnaire

Patient Name _____

	Yes	No	Don't Know
Do you get chest pain or angina?	_____	_____	_____
Have you ever had a heart attack?	_____	_____	_____
Have you ever had heart surgery?	_____	_____	_____
Have you ever had heart failure?	_____	_____	_____
Do you have atrial fibrillation or another abnormal heart rhythm?	_____	_____	_____
Is your blood pressure higher than 160/90, even on blood pressure medication?	_____	_____	_____
Do you have a bleeding disorder?	_____	_____	_____
Have you had an asthma attack or wheezing within the last month?	_____	_____	_____
Do you have emphysema or chronic bronchitis?	_____	_____	_____
Do you use a machine at home to help you breath?	_____	_____	_____
As far as you know, has anyone ever had trouble placing a breathing tube in you for surgery?	_____	_____	_____
Have you had surgery in your throat, vocal cords or lungs?	_____	_____	_____
Do you have trouble opening your mouth, or bending your neck forward and backward?	_____	_____	_____
Are you on dialysis?	_____	_____	_____
Do you have cirrhosis of the liver?	_____	_____	_____
Have you ever had an allergic or life-threatening reaction to anesthetics?	_____	_____	_____
Do you know any relative who have had Malignant Hyperthermia?	_____	_____	_____
Do you want to see an anesthesiologist before the day of surgery?	_____	_____	_____

If any box is marked "yes", please refer to the PAU. If all answers are marked either "no" or "don't know", patient may be seen on the day of surgery.

