



Surgery Center of Northern Colorado LLC
3151 Precision Drive, CO80528

*MUST BE COMPLETED PRIOR TO PRE-OP!

Admission Assessment/Anesthesia Evaluation

PLEASE FILL IN THE HIGHLIGHTED AREAS & BRING FOLDER AND ALL PAPERWORK BACK WITH YOU TO YOUR PRE-OP APPOINTMENT

NAME		DATE	AGE	SEX	DOB	
PRIMARY CONTACT PHONE		SECONDARY NUMBER	HT	WT	BMI	VS
DO YOU NOW OR HAVE YOU EVER HAD?	YES	PLEASE LIST OTHER ILLNESSES/DISEASES		ANESTHESIA EVALUATION		
HEART DISEASE /CHEST PAIN				Planned Procedure:		
ANKLE SWELLING				Medical History:		
PACEMAKER/IRREGULAR HEARTBEAT				Anesthesia History:		
HIGH BLOOD PRESSURE				NPO Status:		
LUNG DISEASE				Relevant Lab:		
Bronchitis/Asthma/Emphysema/Wheezing				Airway:		
USE OF OXYGEN				Cardiovascular:		
HAVE SLEEP APNEA				Pulmonary:		
USE A CPAP/BIPAP			 Anesthesia Assessment		
HAVE TROUBLE WALKING MORE THAN A BLOCK				ASA Class:		
HAVE TROUBLE LYING FLAT				Potential Anesthesia Problems:		
BLEEDING PROBLEMS			 Anesthesia Care Plan		
DIABETES		SURGERIES/HOSPITALIZATIONS		Anesthesia Type:		
LIVER DISEASE/JAUNDICE/HEPATITIS				Induction (if GA):		
AIDS/HIV				Maintenance (if GA):		
KIDNEY PROBLEMS				Post-Op Care:		
HIATAL HERNIA/ULCERS/HEARTBURN				[] Anesthesia procedure, risks, alternatives and privacy concerns have been addressed, and patient consent has been given to proceed.		
EPILEPSY/CONVULSIONS/SEIZURES				[] Pt. is DNR. However, patient/agent understands and consents to anesthesia resuscitation procedures and medications during the perioperative period. Normal DNR resume upon discharge from PACU.		
BACK/NECK PROBLEMS						
ARTHRITIS						
CANCER						
	YES	MEDICATIONS-DOSE/FREQUENCY		PRE-OPERATIVE ORDERS		
HAVE ANY PHYSICAL LIMITATIONS/USE A WALKER/WHEELCHAIR/CANE				[] Saline Lock		
HAVE FALSE/CAPPED/LOOSE TEETH				[] IV: NS 500 ml TKO		
WEAR CONTACT LENSES/GLASSES/HEARING AIDS				[] Finger stick blood glucose on arrival, if diabetic.		
DRINK ALCOHOL				[] Midazolam ___mg IV Q 5min prn anxiety. Max ___mg		
AMT				[] Ephedrine ___mg IV Q 5min prn SBP < ___ Max ___mg Hold for HR <50		
USE TOBACCO				[] Fentanyl ___mcg IV Q 5 min prn pain. Max ___mcg		
CIGARETTES/PIPE/CHEW CURRENTLY/PAST:				[] Famotidine ___mg IV.		
AMT				[] Ondansetron ___mg IV.		
SMOKE MARIJUANA				[] Metoclopramide ___mg IV.		
USE RECREATIONAL DRUGS				[] Scopolamine Patch 1.5 mg behind ear		
PSYCH HISTORY				[] Metoprolol 2.5 mg IV Q 5min prn HR >70. Max ___mg Hold for SBP <100		
DEPRESSION/ANXIETY				[] Albuterol 2.5 mg in 3ml N.S., Neb. Q 15 min prn wheezing. Max ___ doses		
DIMINISHED MENTAL CAPACITY				[] Ondansetron ___mg IV or 4mg p.o. sublingual		
DEMENTIA/ALZHEIMER'S DISEASE				[] Diphenhydramine ___mg IV or ___mg p.o.		
DO YOU HAVE ANY OF THE FOLLOWING ADVANCE DIRECTIVES? IF SO, PLEASE PROVIDE A COPY		[] MEDICAL POWER OF ATTORNEY [] MEDICAL ORDER SCOPE OF TREATMENT (MOST) [] LIVING WILL [] OTHER		[] Finger stick blood glucose on arrival if diabetic.		
	YES	ALLERGIES/REACTIONS		POST-OPERATIVE ORDERS		
ASPIRIN				[] Oxygen, discharge per Collab Pract Policy.		
REGULARLY/OCCASIONALLY				[] Saline Lock		
ANTICOAGULANT BLOOD THINNER IN PAST MONTH				[] IV: NS 500 ml TKO		
CORTISONE/STEROIDS				[] Midazolam ___mg IV Q 5min prn anxiety. Max ___mg		
PAST YEAR				[] Ephedrine ___mg IV Q 5min prn SBP < ___ Max ___mg Hold for HR <50		
RECENT COUGH OR COLD				[] Fentanyl ___mcg IV Q 5 min prn pain. Max ___mcg		
PREVIOUS ANESTHETICS		SENSITIVITIES/REACTIONS		[] Labetalol ___mg IV Q 5min prn SBP> ___ Max ___mg. Hold for HR <50		
BAD REACTION TO ANESTHESIA				[] Metoprolol 2.5 mg IV Q 5min prn HR >70. Max ___mg. Hold for SBP < 100		
RELATIVES WITH SEVERE REACTIONS TO ANESTHESIA				[] Albuterol 2.5 mg in 3ml N.S., Neb. Q15 Min prn wheezing. Max ___ doses		
LMP/IS THERE ANY CHANCE YOU ARE PREGNANT				[] Ondansetron ___mg IV or 4mg p.o. sublingual		
ARE YOU AWARE OF THE RISK OF EATING OR DRINKING THE DAY OF YOUR ANESTHESIA				[] Diphenhydramine ___mg IV or ___mg p.o.		
DO YOU HAVE ANY PROBLEMS OR QUESTIONS TO DISCUSS CONCERNING ANESTHESIA				[] Finger stick blood glucose on arrival if diabetic.		
				Provider Signature:		
				Date:		
				Time:		
				LABEL		

Patient Signature

Date

I attest to the fact that the above information is current and accurate to the best of my knowledge.