

Medical History

Cardiovascular

None
Congestive Heart Failure (CHF)
Heart Disease
Heart Attack
High Blood Pressure
Internal Defibrillator
Murmur
Pacemaker
Valve Replacement
High Cholesterol

Respiratory

None
Asthma
Chronic Bronchitis
Chronic Obstructive
Pulmonary Disease (COPD)
Emphysema
Shortness of Breath
Sleep Apnea
Excessive Snoring

Neurological

None
Alzheimers
Dizziness/Vertigo
Headaches
Head Injury
Parkinsons
Seizure Disorder
Stroke
Multiple Sclerosis
Muscular Dystrophies

Gastrointestinal & Urological

None
Colitis
Frequent Heartburn
Frequent Urinary Tract Infections
Gastroesophageal
Reflux Disease (GERD)
Hepatitis
Hiatal Hernia
Irritable Bowel Syndrome
Kidney Disease
Nocturia/Frequency

Endocrine

None
Diabetes Diet Controlled
Diabetes Insulin Dependent
Diabetes Oral
Medication Controlled
Gestational Diabetes (During Pregnancy)
Hyperthyroidism (High)
Hypothyroidism (Low)

Hematological (Blood & Circulation) Disorders

None
Anemia
Coagulation Disorder
Hepatitis
Phlebitis
Sickle Cell Anemia

Psychiatric/Emotional

None
Anxiety
Bipolar
Dementia
Depression
Schizophrenia

Other Medical Conditions

Females/Childbearing Ages
Last Menstrual Period
Any Possibility of Pregnancy
Menopausal
Breast-feeding

Surgical History

Orthopaedic
None
Yes, Describe

Total Joint Orthopaedic
None
Right Knee
Left Knee
Right Hip
Left Hip
Right Shoulder
Left Shoulder

Fracture
None
Yes, Describe

Spine
None
Yes, Describe

Gynecological
None
Yes, Describe

Cardiac
None
Yes, Describe

Urology
None
Yes, Describe

Ear, Nose & Throat (ENT)

None
Yes, Describe

General

None
Yes, Describe

Surgical Complications

None
Yes, Describe

Anesthesia Complications

None
Difficulty Waking Up
Malignant Hyperthermia (Very High Fever)
Severe Nausea/Vomiting
Sleep Apnea
Difficult Intubation

Family History/Blood Relatives

Anesthesia Difficulties

None
Airway Management Difficulties
Nausea
Malignant Hyperthermia (Very High Fever)

Diabetes

None
Diabetes
Gestational (During Pregnancy)
Insulin Dependent

Heart

None
Yes, Describe

High Temperature During or Within
an Hour After Surgical Procedure

None
Yes, Describe

Today

Before Surgery

Surgery

After Surgery

