PREOPERATIVE QUESTIONNAIRE

Name: _____ Age: _____ Date: _____

Height: _____ Weight: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Work (_____) _____ - _____ ext. _____

Legal guardian/parent (if under 18 years of age): _____

CURRENT MEDICATIONS (including dose & REASON PRESCRIBED)

Please include vitamins such as calcium, vitamin D, etc.

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

APPLICABLE SURGICAL ALLERGIES

Please check "Yes" or "No" if you can take the following medications.		
Penicillin	☐ Yes	☐ No
Sulfa	☐ Yes	☐ No
Aspirin	☐ Yes	☐ No
Codeine	☐ Yes	☐ No

Please check "Yes" or "No" if you are allergic or sensitive to the following items.		
Adhesives	☐ Yes	☐ No
Iodine/Betadine	☐ Yes	☐ No
Latex	☐ Yes	☐ No
Suture	☐ Yes	☐ No
Metals (i.e. Nickel)	☐ Yes	☐ No
Local anesthetics (i.e. Novocaine, Lidocaine)	☐ Yes	☐ No

PHYSICIAN SPECIALISTS

Do you currently see a cardiologist? ☐ Yes ☐ No

If yes, please list the following information:

Physician Name Number Date of last appointment

_____

Do you currently see a pain management specialist? ☐ Yes ☐ No

If yes, please list the following information:

Physician Name Number Date of last appointment

Are you currently under a pain management contract? ☐ Yes ☐ No

Please check "Yes" or "No" for each of the following questions. Additional details may be necessary if you have selected "Yes" for specific questions.		
Do you require more local anesthetic to become numb?	☐ Yes	☐ No
Have you or a family member ever had any problems with anesthesia? If yes, please explain:	☐ Yes	☐ No
Have you ever had trouble with pain medication (i.e. nausea, headache, constipation)? If yes, please explain:	☐ Yes	☐ No
Have you ever had heart surgery? If yes, please explain:	☐ Yes	☐ No
Do you have any heart conditions? If yes, please explain:	☐ Yes	☐ No
Have you ever had rheumatic fever?	☐ Yes	☐ No
Have you ever had surgery to improve circulation in your legs?	☐ Yes	☐ No
Do you have trouble with swelling in your legs? If yes, please explain:	☐ Yes	☐ No
Have you ever had trouble with the veins in your legs?	☐ Yes	☐ No
Have you ever had a blood clot in your legs or lungs? If yes, please explain:	☐ Yes	☐ No
Have you ever had joint replacement surgery?	☐ Yes	☐ No
Have you ever needed an antibiotic before dental work or surgery?	☐ Yes	☐ No
Have you been anemic or had low iron in your blood?	☐ Yes	☐ No
Are you prone to infections or ever had an infection after surgery?	☐ Yes	☐ No
Have you ever had difficulty healing a wound? If yes, please explain:	☐ Yes	☐ No
Do you have sleep apnea? If yes, CPAP or BIPAP? Machine settings?	☐ Yes	☐ No
Have you ever been diagnosed with fibromyalgia?	☐ Yes	☐ No
Have you ever had Polio?	☐ Yes	☐ No
Have you ever had AIDS or tested positive for HIV?	☐ Yes	☐ No
Do you have liver disease? If so, please explain:	☐ Yes	☐ No
Have you ever had hepatitis?	☐ Yes	☐ No
Do you have kidney disease? If so, please explain:	☐ Yes	☐ No
Do you smoke or chew tobacco? If yes, how much and how often?	☐ Yes	☐ No
Do you drink alcohol? If yes, how much and how often?	☐ Yes	☐ No

Do you consume caffeine? If yes, how much and how often?	☐ Yes	☐ No
Do you use recreational drugs? If yes, how much and how often?	☐ Yes	☐ No
Have you ever used crutches?	☐ Yes	☐ No
Have you ever used a walker?	☐ Yes	☐ No
Have you ever used a knee scooter?	☐ Yes	☐ No
Do you have trouble with your knees, hips, or back? If yes, please explain:	☐ Yes	☐ No

What size shoe do you wear?_____

Pre-op DVT Risk Assessment

Risk Factors – 1 Point Each

- ☐ Age 41-60 years
- ☐ Minor surgery planned
- ☐ History of prior major surgery (< 1 month)
- ☐ Varicose veins
- ☐ History of inflammatory bowel disease (IBS)
- ☐ Swollen legs (current)
- ☐ Obesity (BMI > 25)
- ☐ Recent heart attack
- ☐ Congestive heart failure (< 1 month)
- ☐ Sepsis – bloodstream infection (< 1 month)
- ☐ Serious lung disease including pneumonia (< 1 month)
- ☐ Abnormal lung function (COPD)
- ☐ Currently on bed rest

Total Points =

Risk Factors – 2 Points Each

- ☐ Age 61-74 years
- ☐ Arthroscopic surgery - scope of a joint
- ☐ Malignancy (present or previous)
- ☐ Major surgery (> 45 minutes)
- ☐ Laparoscopic surgery –scope of the abdomen (> 45 minutes)
- ☐ Bed rest (> 72 hours)
- ☐ Immobilized in splint/cast (< 1 month)
- ☐ Central venous access (port/PICC line)

Total Points =

Risk Factors – 3 Points Each

- ☐ Age 75 years or older
- ☐ History of blood clot in the legs or lungs
- ☐ Family history of blood clot/clotting disorder
- ☐ Have you seen a hematologist for testing of a bleeding/clotting disorder?

Total Points =

Risk Factors – 5 Points Each

- ☐ Elective hip or knee joint replacement
- ☐ Hip, pelvis or leg fracture (< 1 month)
- ☐ Stroke (< 1 month)
- ☐ Multiple trauma (< 1 month)
- ☐ Acute spinal cord injury (paralysis < 1 month)

Total Points =

Females Only – 1 Point Each

- ☐ Birth control pills or hormone replacement therapy
- ☐ Pregnancy or postpartum (< 1 month)
- ☐ History of
  - unexplained stillborn
  - 3 or more recurrent spontaneous abortions
  - premature birth with toxemia
  - growth restrictions

Total Points=

Total Risk Factor Points = _____

Risk	Score
Very low	0-1
Moderate	2
Higher	3-4
Highest	≥5