



**HEALTH ASSESSMENT
QUESTIONNAIRE**

St Elizabeth's Medical Center

PATIENT NAME _____
 SURGEON _____
 SURGERY _____
 DATE/SURGERY _____
 DATE/TIME PAT VISIT _____

	Years	YES	NO
1	How old are you?		
2	Any problems with stiff jaw or limited mouth opening ?		
3	Are you pregnant , or is there a possibility that you might be pregnant?		
4	Do you currently have or have ever had problems with your heart such as chest pain, skipped heart beats, shortness of breath, previous heart attack, blocked arteries to your heart, heart murmur; ankle swelling?		
5	Have you ever had a cardiac echogram, cardiac catheterization, cardiac stent placed, or cardiac surgery?		
6	Do you have an abnormal heart rhythm that requires medication (for example: atrial fibrillation)?		
7	Do you have a cardiac pacemaker or internal defibrillator ?		
8	Do you have bronchitis, emphysema, recent pneumonia, asthma requiring daily medication, or any other problem(s) with your lungs ?		
9	Do you currently take medicines to help your breathing ? Do you have sleep apnea or use home equipment?		
10	Do you have or have you had any problems with your liver such as cirrhosis, hepatitis, jaundice?		
11	Do you have kidney failure , or are you on dialysis?		
12	Do you have or have you had any problems with your blood , for example, leukemia, sickle cell disease, Heparin-induced thrombocytopenia?		
13	Have you ever had prolonged or unusual bleeding from nosebleeds, tooth extractions, cuts, or surgery?		
14	Do you have diabetes requiring treatment either oral medication or insulin?		
15	Do you have a major autoimmune disease such as lupus, rheumatoid arthritis, scleroderma?		
16	Do you have current, untreated thyroid problems?		
17	Do you have epilepsy, seizures, convulsions, or any other disease of the nervous system ? History of stroke or loss of vision in one eye? Fainting spells?		
18	Have you or any blood relative had problems related to anesthesia other than nausea or vomiting?		
19	Do you currently take blood thinning medicines not including aspirin ? (Coumadin, Lovenox, Plavix etc)		
20	Have you had chemotherapy (other than tamoxifen) in the past two years?		

For office staff use only

21	Does the patient need either a surgical H+P or a surgical consent?		
22	Does the patient need an interpreter?		
23	Does the patient need a type & screen or blood tests?		
24	Do you want a hospitalist involved in this patient's care? <i>Circle one or both.</i>	PREOP	POSTOP

If patient answered "No" to all ?s and is 54 or under, please provide a phone number where the patient can be reached

Patient's phone number for PAT RN to call: _____

25 **MEDICATION LIST** (Names of medications only)
