

Date Completed

**ANESTHESIA INFORMATION**

During surgery, your child will probably receive general anesthesia. The medical history of your child or other family members may influence our choice of anesthetics. Your thorough responses to these questions will help the anesthesiologist evaluate such factors. We ask for you to bring your child in prior to surgery to speak to an anesthesia person. If you have further questions, or would like to have your child examined, please call 901-287-4100.

Procedure

Surgeon/Dentist

Date of Surgery

Patient's full name

Date of Birth

Parent's name

Home phone

Work phone

Cell phone

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Yes	No	Concern		
		Did your child have any problems when he/she was born or require a longer than normal hospitalization?		
		If yes, explain:		
		Was your child born early?	If so, Birth weight	Weeks
		Has your child had any other surgeries or anesthesia?		
		If yes, list:		
		Has your child had any other hospitalizations?		
		If so, list and state the reason:		
		Has your child or any family member have or ever had any problem with anesthesia or any muscle disease?		
		If yes, explain:		
Answer the following questions about your child's history:				
		Heart problems (murmurs, irregular heart beats, high blood pressure)		
		Breathing problems (asthma, pneumonia, snoring, sleep apnea)		
		Liver problems (jaundice, hepatitis)		
		Kidney problems (infection, failure)		
		Neurological problems (seizures, cerebral palsy, retardation)		
		Blood disorders (bleeding problems, anemia, sickle cell disease)		
		Frequent vomiting		
		Endocrine problems (diabetes, thyroid)		
		Has your child ever been on an apnea monitor?		
		Has your child ever had unexplained fevers?		
		Does your child have any current infection (runny nose, cough, congestion)?		
		Does your child have any loose teeth?		

Completed by:  Parent/Surrogate  SC Associate  Anesthesia

Signature