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?

Patient Rights Questions	☐ Yes ☐ No	Does your child have an Advance Directive?
	☐ Yes ☐ No	Is your child an organ donor? (State-required information needed)

Completed by: ☐ Parent/Surrogate ☐ SC Associate ☐ Anesthesia

Signature

Patient Home Medication List – Medication Reconciliation

Provided by the Patient/Surrogate
(Include prescriptions, over the counter, herbals, vitamins and birth control pills/patch)

Allergies	☐ NKAS (No Known Allergies or Sensitivities)	☐ Allergies: List below & include reactions
		☐ Latex/Rubber ☐ Adhesive

	Medication(s)	Dose	Comment
Medications			☐ Unknown dosage
			☐ Unknown dosage
			☐ Unknown dosage
			☐ Unknown dosage
			☐ Unknown dosage
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			☐ Unknown dosage
			☐ Unknown dosage

Review the Allergies and Medications for the patient – Healthcare Provider Signature

Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -
Date	Preop -	OR -	PACU -