SURGISERVICES
(647) 226-3721
surgiservices.academicanesthesia.com

Patient's name:_____ Today's date: _____dd / _____mm / _____yyyy

(Please read and fill out all pages of the entire form and print clearly!)

Patient Information

Male ☐ Female ☐
Title: Mr.☐ Mrs.☐ Ms.☐ Miss☐ Dr.☐ Child/Youth☐

Last Name:_____ **First Name:**_____

Date of Birth: ___dd / ___mm / ____yyyy Age:_____

Weight:_____**kg / lbs** ***(please circle)*** ← ***IMPORTANT – PLEASE FILL OUT!***
Height:_____m-cm / feet-inches

Address:_____
_____
City:_____
Province:_____
Postal Code:_____

Home Phone:_____
Business Phone:_____
Cell Phone:_____
email:_____

Who has the legal authority to sign the CONSENT form on pages 7 and 8 (if the patient cannot):
Name:_____ Phone number:_____
*Note: this individual **must** be reachable at the time of anesthesia!*
If informed consent cannot be obtained, the surgery cannot proceed and the $250 cancellation fee will apply.

Companion Information
Name:_____
Phone:_____
Relationship to patient:_____

Medical Care Information
Family Physician:_____
Phone:_____
Address:_____
_____
Patient's OHIP number and version code:_____
Expiry:_____

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		Yes	No	Unsure
1.	Does the patient have any health problems or concerns presently (including colds, flu etc)? Please explain: Does the patient suffer from:			
2.	Has there been ANY change in general health in the past year?			
3.	Has the patient ever been in hospital? When, where and why?			

	Yes	No	Unsure			Yes	No	Unsure
High blood pressure					HIV, AIDS			
Heart disease					Asthma			
Chest pain, angina, MI					Tuberculosis			
Heart failure					Cystic fibrosis			
Shortness of breath					Bronchitis, COPD			
Pacemaker					Emphysema			
Irregular heart beat					Epilepsy, seizures			
Abnormal heart valves					Fainting spells			
Heart murmur					Stroke, TIA			
Liver disease					Weakness, paralysis			
Hepatitis					Glaucoma			
Daily alcohol drinking					Muscular dystrophy			
Alcohol dependence					Arthritis			
Blood clotting disorders					Artificial joints			
Anemia					Gastric reflux, heartburn			
Thalassemia					Stomach ulcers, bleeding			
Kidney disease					Developmental Delay			
Adrenal gland problems					Behavioral Issues			
Diabetes, thyroid								

Please explain:

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		Yes	No	Unsure
4.	Has the patient ever had general anesthesia or surgery? When, where and why?			
5.	Were there any problems with the anesthesia?			
6.	Have the patient's family relatives had problems during or after an anesthesia? Please explain.			
7.	Does the patient have a drug allergy? What drug? What happened? (Circle) rash breathing problems swelling Other:			
8.	Does the patient have any other allergies? If yes, what type?			
9.	Does the patient take ANY medications currently (including puffers, birth-control pills)? **Please list ALL medications including doses and times usually taken:**			
10.	Does the patient use or take ANY non-prescription remedies (including herbal remedies) right now? Name			
11.	Has the patient had a cortisone (steroid) type drug orally, injected or inhaled in the past year? When? For how long?			

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		Yes	No	Unsure
12.	Has the patient taken any medicine for a long duration in the past that is not listed above? Name Reason			
13.	Has the patient had aspirin or aspirin-containing compounds (ASA, Bufferin, Anacin, 222) within the last week?			
14.	Does the patient or does anyone in the family have a bleeding problem?			
15.	Has the patient ever had an excessive amount of bleeding following surgery such as tooth extraction?			
16.	Has the patient been exposed to any infectious diseases in the past month? If so, which?			
17.	Does the patient have any difficulty breathing while sleeping at home? Is the patient known to have 'obstructive sleep apnea'?			
18.	Does the patient have any difficulty breathing through the nose?			
19.	Does the patient have nose bleeds? If so, how many per week?_____ Which side?_____			
20.	Does the patient have problems walking (2 city blocks), running or climbing stairs (2 flights)?			
21.	Does the patient get short of breath easily?			
22.	Does the patient ever turn blue in colour and/or faint when trying to run or climb stairs?			
23.	Does the patient have any problems opening his/her mouth wide?			
24.	Does the patient have any problems moving his/her neck freely?			
25.	Has the patient ever had surgery and/or radiation treatment for a tumor or cancer?			

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		Yes	No	Unsure
26.	Does the patient smoke? If yes, how much? If the patient quit smoking, when was this (year and month)?			
27.	Has the patient used recreational drugs (crack, cocaine or other drugs) in the last 6 months?			
28.	Is there any possibility that the (female) patient is pregnant?			
29.	Is the (female) patient nursing?			
30.	Does the patient have any loose teeth (especially front teeth) or capped teeth? Where?			
31.	Does the patient have ANY disease, condition or problem not mentioned so far?			
32.	**Thrombosis Risk Factor Assessment:** Please check all pertinent factors ☐ Age 41 to 60 years ☐ Age 61 to 70 years ☐ Age over 70 years ☐ History of Deep Vein Thrombosis/PE ☐ Family history of Deep Vein Thrombosis ☐ Obesity (>20% of ideal body weight) ☐ Leg edema, ulcers, stasis ☐ Malignancy ☐ Pregnancy or postpartum (< 1 month) ☐ Inflammatory bowel disease ☐ Hormone therapy			
33.	**Nausea/Vomiting Risk Factor Assessment:** Please check all pertinent factors ☐ Female ☐ Nonsmoker ☐ History of :- postoperative nausea/vomiting (PONV) - motion sickness - family history of PONV			

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34.	**Obstructive Sleep Apnea Risk Factor Assessment:** Please check all pertinent factors ☐ You snore loudly (heard through closed doors) ☐ You often feel tired, fatigued or sleepy during daytime ☐ Someone has observed you stop breathing during your sleep ☐ You have high blood pressure ☐ You are over 50 years old ☐ You are male			

Signature:_____ Date:_____ (*day/month/year*)

Relationship (*circle*): Parent Guardian Patient

In case of **shared custodial arrangements**, please indicate the name of the other custodian and whether the other party is aware and in agreement with the treatment:

Other custodian's name:_____
Contact:_____

The other custodian is aware and in agreement: Yes ☐ No ☐ (please explain)