

Patient Label

Please Print I							
Pre-op Visit	Phone Pre-op						
Complete an	d explain if necessary			Yes			No
-	ou allergic to anything?						
If yes	, list and reaction:						
2. Have	you had a recent illness						
3. Have	you had a sore throat, a	cold	or the flu?				
4. Have	you had a general anaes	theti	c before?				
5. Have	you had problems with	an an	aesthetic in the past?				
6. Has a	anyone related to you even	er hao	d an anaesthetic with a				
Serio	us complication? E.g. Ma	ligna	nt Hyperthermia				
7. Is the	ere a history of patient or	⁻ fami	ly allergy to latex?				
8. Have	you taken Aspirin in the	last v	veek?				
9. Coul	Could you be pregnant?						
10. Do ye	ou smoke or vape? How	often	or many per day?				
11. Do ye	ou use recreational drugs	? Wh	at? How Much?				
12. Do you use medical marijuana or its' derivatives (CBD oil)		s' derivatives (CBD oil)					
•	•		nal drugs 48h prior to surge	ery			
13. Do ye	ou use alcohol? How mu	ch?					
14. Do you have a history of MRSA or CPE?							
15. Have you received any blood or blood products recently?			od products recently?				
If yes	, date of transfusion:						
16. Have	you had, or do you have	?(∨	if yes)				
	Irregular heart beat		Blood clots (phlebitis)			Asthma	
	Pacemaker		Stroke			Shortness of breath/CC)PD
	Heart disease		Fainting			Pneumonia	
	Heart attack		Anemia (low blood)			Hiatus hernia/reflux	
	Angina		Migraine headaches			Kidney problems	
	High blood pressure		Diabetes			Epilepsy or seizures	
	Mitral valve prolapse		Thyroid problems			Arthritis	
	Sleep Apnea/CPAP		Emphysema /bronchitis			Jaundice	
	Bleeding problems		Tuberculosis (T.B.)			Rheumatic fever	
	HIV/Hepatitis		Glaucoma			Other	
						(continue)	ed over page)

Please turn over and complete page 2

Form N-S-2 – February 2023	

What operation are you having?

(Relationship if other than patient):

Reviewed by:

Patient's signature:

Do you take any pills (vitamins or supplements) or medication on	Yes 🗖	No	
a regular basis?			

List below: (include	prescription and	over the	counter drugs.	eve drops.	inhalers a	nd insulin)
List below (molade	preseription and		counter arago,	c, c a. ops,	initial cross	ma misami,

Drug	Amount	How often	Purpose	To be completed by Nurse Taken O.R. day?	Init.
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	
				🗖 Yes 🗖 No	

Any previous surgery or procedures i.e. scopes etc?	Year

Status

Date:

Date: