

KAMLOOPS SURGICAL CENTRE
Pre-Operative Questionnaire



200-741 Sahali Terrace KAMLOOPS, BC V2C 6X7
 PH: 250 314-0076 FAX: 250 314-1196

Name: _____

Signature: _____

Date: _____

Height: _____ Weight: _____

Do you or have you ever had (Describe)	Yes	No	Don't Know
High blood pressure?			
Heart attack or angina?			
Other heart problems (such as rhythm problems)?			
Asthma or lung disease?			
Have you been tested for sleep apnea? (interruption of breathing during sleep) If yes , Answer next Question			
Was C-pap Machine recommended? / Do you use C-pap?	/	/	/
Liver disease, hepatitis, or HIV?			
Kidney disease?			
Diabetes?			
Thyroid disease?			
Epilepsy, stroke or nervous system disease?			
Heartburn, ulcer or hiatus hernia?			
Chronic pain?			
Difficulty opening your mouth?			
Problems with surgeries? IF Yes explain in Comments			
Problems with anaesthesia? IF Yes explain in Comments			
Family problems with anaesthesia?			
Other major health problems? (please list)			
Shortness of breath climbing 1 flight of stairs?			
Shortness of breath climbing 2 flights of stairs?			
Do you drink more than two alcoholic beverages per day?			
Do you smoke? If so, how much?			
If you smoked in the past, when did you quit?			

Medication: Please list prescription, over the counter, herbal, naturopathic medicines, recreational drugs or vitamins that you regularly use:

Allergies: Please list	Comments

Admitting nurse/Anaesthesia to complete the following: (√)	
Date	Time
ID Band On	NPO since
Consent complete	CBC
Operative Permit Signed	ECG
Mouth Empty	Wt. kg Ht. cm BMI
Voided	BGM
Jewellery off/taped	Time
Contacts/Glasses Removed	BP P R
	SaO2 Temp.
	RN Signature:
	Anaesthetist: