PRECISION SURGICENTER
COMFORTABLE OUTPATIENT CARE

PRECISION SURGICENTER
39180 Farwell Drive, Suite 100
Fremont, CA 94538

Date : _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Name _____

Previous Operations	When and Where	General	Nerve Block	Spinal/Epidural	Complications?

FAMILY HISTORY OF ANESTHETIC COMPLICATIONS? ☐ NO YES _____

DRUG ALLERGIES ☐ NO ☐ YES _____

MEDICINES CURRENTLY TAKEN: ☐ NONE
(includes Vitamins/Herbs/Supplements)

Medication	Dose	Times Per Day

Check below if you have or ever have had any of the following:

- ☐ Heart Attack
- ☐ Heart Failure
- ☐ Coronary Artery Disease
- ☐ Angina / Chest Pain
- ☐ Abnormal ECG
- ☐ Arrhythmia
- ☐ Murmur / Valve Disease
- ☐ Exercise Limitation
- ☐ Peripheral Vascular Disease
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Transient/Ischemic Attack
- ☐ Numbness / Weakness
- ☐ Seizures
- ☐ Headaches
- ☐ Psychiatric Illness
- ☐ Motion Sickness / Fainting
- ☐ Asthma
- ☐ Bronchitis
- ☐ COPD
- ☐ Pneumonia
- ☐ Abnormal Chest X-ray
- ☐ Heavy Snoring
- ☐ Sleep Apnea
- ☐ Easy Bruising
- ☐ Nose Bleeds
- ☐ Blood Transfusion
- ☐ Anemia
- ☐ Hypo / Hyperthyroid
- ☐ Hepatitis
- ☐ Tuberculosis
- ☐ Aids / HIV
- ☐ Recent Infectious Exposure
- ☐ Diabetes
- ☐ Kidney Disease/ESRD/Dialysis
- ☐ Ulcers/Hiatal Hernia/Reflux
- ☐ Arthritis
- ☐ Back Problems
- ☐ Steroid/Cortisone
- ☐ Dentures / Partial Plates
- ☐ Capped Teeth
- ☐ Chipped/Loose Teeth
- ☐ Gum Disease
- ☐ Contact Lenses
- ☐ Glasses
- ☐ Hearing Aid
- ☐ Prosthesis
- ☐ Drug / Substance Abuse

Are you pregnant? Y / N

Might you be pregnant? Y / N

Other Medical Problems: _____

☐ Smoker ☐ Nonsmoker

How many packs do you smoke per day? _____ How many Years? Quit Date

Do you drink alcohol? ☐ None ☐ Occasionally ☐ Daily

_____ _____
Patient Signature: Date