Pre-Sedation Questionnaire

Date:_________ Patient Name:____ Birth date: ________________

This form should be completed by each adult patient or by the parent/guardian if the patient is a child. Please check all boxes that applied.

- ☐ Have you been in a hospital?
- ☐ Have you ever had a general anesthetic?
  - If so, for what?
- ☐ Have you had any problems with the general anesthetic
- ☐ Do you have any allergies? If yes was the allergy due to:
  - A drug or medicine
  - Any type of food
  - Other things
- ☐ If you had an allergy, did you have:
  - A skin rash or hives
  - Wheezing or trouble breathing
  - Hay fever or runny nose
  - A high fever
- ☐ Sex: Male Female
  - If female, are you pregnant?
- ☐ Do you wear a dental plate, bridge, or crown?
- ☐ Do you wear contact lenses?
- ☐ Have you had a cortisone type drug within past two years?
- ☐ Do you take aspirin regularly? List below any other medications you are taking?
- ☐ Is there anyone in the family with a bleeding problem?
- ☐ Have you had any minor injuries, operations or tooth extractions?
- ☐ Do you bruise easily on body areas other than the legs
- ☐ Have you been exposed to any infectious disease within the past month?
- ☐ Have ever had/or been told you had:
  - Diabetes
  - Asthma/chronic chest disease
  - Thyroid problems
  - Tuberculosis
  - Rheumatic Fever/heart murmur
  - Arthritis
  - Heart problems/high blood pressure
  - Anemia
  - Stroke
  - Liver disease
  - Convulsion/seizures
  - Glaucoma
  - Kidney disease
  - Jaudice/Hepatitis
  - HIV
  - TMJ
- ☐ Are there any problems you have yet not mentioned?
- ☐ Has anyone in your family ever had a problem with an anesthetic?
- ☐ Do you smoke or use chewing tobacco?
  - How much and how long?
- ☐ Have you had recent exposure to alcohol, marijuana, cocaine, etc?
- ☐ Do you have any other condition you think we should know about?

I have been told not to drive myself home, operate heavy machinery, or make binding legal decisions within 24-hour period of receiving an anesthetic drug.

Signature (parent/guardian): Date: