



Lakes Surgery Center  
 2300 Haggerty Rd.  
 Suite 1000  
 West Bloomfield, MI 48323-2102

## Anesthesia / Preoperative Assessment

Name \_\_\_\_\_ Surgeon: \_\_\_\_\_

Chief Complaint \_\_\_\_\_ Procedure to be performed: \_\_\_\_\_

Date/Time of Surgery \_\_\_\_\_ Medical Doctor & Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Age: \_\_\_\_\_ BMI: \_\_\_\_\_ \*Notify surgeon if > 30

Have you had?	Y	N	Comments	Have you had?	Y	N	Comments
A recent cold				Thyroid Trouble			
Asthma or Emphysema				Diabetes			
Shortness of breath				Back Pain			
Sleep apnea, snoring				Arthritis			
Any other lung problems				Pregnant?			
Did you ever smoke				LMP			
Hypertension				Problems with Pregnancy			
Chest Pain or Angina				Psych. History / Depression			
Heart Attack (s)				Other Medical History			
Congestive Heart Failure				Do you Drink Alcohol			
MVP or Valvular Disease				History of Illicit Drug Use			
Irregular Heart Beat				Aspirin/NSAID Use			
Sickle Cell Disease				Motion Sickness or PONV			
Anemia				Problems with Anesthesia (patient or family)			
Bleeding/Clotting problems				<b>Pediatrics:</b>			
Kidney Disease			Recent exposure to Chicken Pox, measles, etc...				
Hiatal Hernia, Ulcer, Reflux			Prior Intubation				
Hepatitis, Liver Disease			<b>If less than 12 months:</b>				
Stroke			Premature				
Convulsions, Epilepsy			Apnea Spells				
Other Neurological Disease							

Previous Surgery:

Allergies:  
 Drugs  
 Latex  
 Food

Medications (including herbal):  
 See Medication Reconciliation Form

Advance Notice Form Reviewed: YES / NO  
 If no, refer patient to:  
[www.lakessurgerycenter.com](http://www.lakessurgerycenter.com)

per patient DOS \_\_\_\_\_ RN \_\_\_\_\_ Date/Time of PAT \_\_\_\_\_