Oklahoma Spine Hospital
SURGERY • PAIN MANAGEMENT
A PHYSICIAN OWNED HOSPITAL

DATA COLLECTION QUESTIONNAIRE

History	Patient		Family	
1. Heart trouble (Heart attack, chest pain, fast or skipped heartbeat)	yes	no	yes	no
2. Fainting or blackout spells	yes	no	yes	no
3. High Blood Pressure	yes	no	yes	no
4. **Pacemaker**	yes	no	yes	no
5. Shortness of breath	yes	no	yes	no
6. Stroke	yes	no	yes	no
7. Abnormal EKG	yes	no	yes	no
8. **Asthma**	yes	no	yes	no
9. Bronchitis, emphysema or other lung disease	yes	no	yes	no
10. **Sleep apnea**	yes	no	yes	no
a. ☐ Cpap b. ☐ Bipap				
11. Abnormal Chest Xray	yes	no	yes	no
12. Exposure to Tuberculosis	yes	no	yes	no
Do you have any of these symptoms: ☐ cough ☐ bloody sputum ☐ fever ☐ night sweats ☐ unexplained weight loss ☐ No symptoms				
13. Epilepsy or Seizures	yes	no	yes	no
14. Psychological (dementia, depression, suicidal tendencies, etc.)	yes	no	yes	no
15 **Hepatitis,** Mononucleosis, Jaundice	yes	no	yes	no
16. A positive HIV/Aids blood test	yes	no	yes	no
17. MRSA	yes	no	yes	no
18. History of Sickle Cell Trait or disease	yes	no	yes	no
19. Blood Transfusion	yes	no	yes	no
20. Abnormal bleeding tendencies	yes	no	yes	no
21. Anticoagulant therapy (blood thinners)	yes	no	yes	no
22. Blood Vessel disease (phlebitis, etc.)	yes	no	yes	no
23. Blood disease (anemia, etc.)	yes	no	yes	no
24. Motion Sickness	yes	no	yes	no
25. Hearburn or Hiatal Hernia (reflux)	yes	no	yes	no
26. Glaucoma	yes	no	yes	no
27. **Kidney Disease**	yes	no	yes	no
28. Fracture of facial bones	yes	no	yes	no
29. Fracture of neck or back	yes	no	yes	no
30. Muscle weakness	yes	no	yes	no
31. Paralysis	yes	no	yes	no
32. **Diabetes**	yes	no	yes	no
33. Cancer	yes	no	yes	no
34. Restricted Extremity Use (cancer surgery, RSD, etc.)	yes	no	yes	no
35. Latex sensitivity or allergy	yes	no	yes	no
36. Other medical Illness	yes	no	yes	no

Do You:

1. Have false or loose teeth?	yes	no
2. Have dental caps or bridges?	yes	no
3. Have any body piercings?	yes	no
4. Wear contact lenses?	yes	no
5. Smoking history? ☐ How many packs/day? _____ How many years? _____ When quit? _____	yes	no
6. Use alcoholic beverages?	yes	no
7. Have a history of substance abuse?	yes	no
8. Have your own blood donated?	yes	no
9. Object to a blood transfusion?	yes	no

If Female of child bearing age:

1. Is there any possibility that you could be pregnant?	N/A	yes	no
2. Are you currently lactating?		yes	no

Date of last menstrual cycle: _____

Pregnancy test results: _____ Date / Time: _____

List previous surgeries (type and date) attach additional sheet if necessary:

1. _____
2. _____
3. _____
4. _____
5. _____

Previous Anesthetic History:

1. Date of last anesthesia: _____
2. Any abnormal reactions? Yes No
3. Relatives with abnormal reactions to anesthesia: Yes No
4. Comments: _____
5. Have any problems to discuss with the anesthesiologist? Yes No

Time of last food or drink: _____

Patient Signature: _____ Date / Time: _____

Vital Signs: B / P: _____ Pulse: _____ Resp: _____ Temp: _____ O2 Sat: _____

Height: _____ Weight: _____ Date / Time: _____ Signature: _____

FOR ANESTHESIOLOGIST / PAIN MANAGEMENT USE

Pre-Anesthesia Evaluation

Anesthesia Evaluation

Mallampati's Classification: ☐ Class I ☐ Class II ☐ Class III ☐ Class IV

Exam: Airway _____

Heart _____

Lungs _____

Anesthetic Proposed:

☐ General ☐ Spinal ☐ Regional ☐ MAC / L. Standby ☐ IV Sedation
☐ No Sedation
☐ Patient Instructed on Anesthesia and Consents to Procedure ☐ Yes ☐ No

Physical Status: 1 2 3 4 5 E

_____ Date _____ Time am / pm

_____ Anesthesiologist / Physician Signature

The following sections do not apply to Pain Management Procedures.

RECOVERY

BP: _____ P: _____ R: _____ SaO_2: _____ %

☐ STABLE

IN: _____ OUT: _____ TEMP: _____

Post Anes. Eval.

Cardio-Pulm. Status: ☐ Stable ☐ Unstable

Level of Consciousness: ☐ Aware ☐ Arousable ☐ Unarousable

B/P: _____ Pulse: _____ R: _____ Temp: _____ SaO_2: _____

N/V: None Nausea Vomiting Pain Scale: _____ IV Fluids: _____

Date: _____ Time: _____ Dr. _____

☐ All documentation done in Electronic Record System

Date: _____ Time: _____ Dr. _____

Anesthesiologist