

SAN DIEGO OUTPATIENT AMBULATORY SURGICAL CENTER

PRE-ANESTHESIA EVALUATION

INSTRUCTIONS TO THE PATIENT:

Please answer each question thoroughly as possible and sign the form.

NAME		AGE	HT	WT	
If the answer to any of the following questions is YES, please describe in the square provided					
YES	NO	Are you ALLERGIC to any Medication(s)? Name Medication(s) & type of reaction			
YES	NO	Are you taking any MEDICATION(S)? Which medication(s) and what dosage? (Please include aspirin or any aspirin by-products)			
YES	NO	Have you or your family ever had problems with Anesthetics? Please explain:			
YES	NO	Have you received instructions on how to care for yourself after surgery?			
Please list all of your prior surgeries:					
If the answer to any of the following questions is YES, please indicate when and how long.					
YES	NO		YES	NO	
		Heart Disease Heart Attack/Angina Stroke			Heartburn, Gastritis, Esophageal Reflux, Hiatus Hernia, Ulcer Disease
		High Blood Pressure			Hepatitis (yellow jaundice)
		Asthma (Wheezing)			Sickle Cell Disease
		Lung Disease			Contact Lenses
		Smoking-how much, how long?			Pregnant
		Alcohol-how much?			Frequent headaches
		Kidney Disease			
		Diabetes			Other
		Neurologic Disease/ Nervous Disorder			Denture, Chipped/loose Teeth; Special Dental work
NOTE: If you have been taking any illicit (street) drugs, please tell the Anesthesiologist This is important for your safety.					
Is there anything else about your health we should know?					

You should understand that like any other medical procedure, the administration of anesthesia is associated with some risk. Complications from anesthesia are rare, but they can result in permanent disability or death. Your anesthesiologist will discuss these risks and complications with you if you desire.
I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Patient or Legal Guardian Signature_____
Relationship_____
Date

STATEMENT OF COMPREHENSION

INSTRUCTIONS

Read this form completely. **INITIAL** each paragraph. If you agree with the statements, **WRITE "I UNDERSTAND"** on the line *above* your signature and **SIGN** where indicated at the bottom of the page. You **MUST** bring these papers to our office at the time of your Pre-Operative Visit.

Dear Patient:

- The reasons for undertaking this operation, anticipated goals, and possible complicating factors, and alternative methods of treatment have been discussed with you previously. We feel strongly that a patient wants to know what his or her medical problem is; expressed in terms you can understand. We have, therefore, tried to explain our proposed treatment in lay terms, so that you may understand the nature of your condition and the goals of the surgical treatment you have requested. If you have any questions about your procedure, please discuss them with us.
- Most orthopaedic procedures are done to arrest pain, to improve function, to prevent or correct an abnormal situation. Some times an exploratory type procedure is necessary when the exact diagnosis cannot be made with the usual clinical tools available to us. Some conditions can be treated non-operatively as well as operatively – often with the same results or similar results. The operative's choice of treatment, therefore, is based on medical knowledge and experience, and the patient's understanding of the problem. We have discussed these methods with you.
- All forms of treatment have certain risks associated with them. Some are far more risky than others. We have attempted to explain the risks and possible complications of your proposed operation with you. If you do not understand them or have some concern about some not mentioned, please ask us. Operations on nerves are particularly difficult for the patient and surgeon. Complaints of pain can be frequently relieved with surgical treatment. In some cases, however, pain does not subside and may become worse even though the operation is well performed and no specific injury or accident occurs during the procedure. This is because of the particular sensitive nature of nerves and the fact that internal nerve scarring may have occurred as a result of nerve compression. This internal scarring cannot be relieved with external decompression in all cases. The patient should understand that operations involving nerves carry a specific risk for persistent pain and/or weakness despite appropriate surgical intervention. If this is of concern to you, please discuss this with your surgeon.
- The responsibility for your surgical anesthetic will be undertaken by an anesthesiologist. You are encouraged to discuss the benefits, alternatives and possible complications with the anesthesiologist prior to your operation.
- _____ (← fill in Dr.'s name) has and ownership interest in _____ (← fill in facility name). You may choose another facility for your operation. If this is a concern, please discuss this with your surgeon.
- Some Orthopaedic & Hand Surgery operations require the use of metal plates, screws, pins & joint implants. All materials that remain in your body will experience wear and mechanical strain. These materials, regardless of high standards of manufacturing, may break loose, loosen, wear out, or become infected. In some cases your surgeon will advise removing a device when its job is done. This is a routine consideration when using implantable materials. If you have a concern about implant failure or need for removal, please discuss this with your surgeon.

Patient Statement of Comprehension (please print "I UNDERSTAND" on the line above)

Patient Name (please PRINT on the line above)

Patient Signature (please SIGN on the line above)

Date: _____