

PAIN MANAGEMENT DATA COLLECTION

1. Heart trouble (Heart attack, chest pain, fast or skipped heartbeat)..... yes no
2. Fainting or blackout spells..... yes no
3. High Blood Pressure..... yes no
4. Pacemaker..... yes no
5. Sleep Apnea..... yes no
6. Epilepsy or Seizures..... yes no
7. Psychological (dementia, depression, suicidal tendencies, etc.)..... yes no
8. Blood thinners (Aspirin, Eliquis, Lovenox, Plavix, Warfarin, Xarelto)..... yes no
9. Motion Sickness..... yes no
10. Kidney Disease..... yes no
11. Diabetes..... yes no
12. Restricted Extremity Use (cancer surgery, RSD, etc.)..... yes no
13. Latex Sensitivity or allergy..... yes no
14. Is there any possibility that you could be pregnant?..... yes no

Time of last food or drink: _____

Patient Signature: _____ Date /Time: _____

FOR ANESTHESIOLOGIST / PAIN MANAGEMENT USE

Anesthesia Evaluation

Pre-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

Physical Status: 1 2 3 4 5 E

_____ am / pm
Date Time

Anesthesiologist / Physician Signature