



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