

Pre-Anesthetic Evaluation

Chief Complaint: _____

Major medical illnesses

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Allergies: NKDA Latex Other _____ NPO status _____

Medications

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Social History: _____ Last URI: _____

Past Surgical & Anesthetic History: _____

ROS: _____

Family history: _____ Activity: _____

Family history of MH?: Yes No

Physical Exam:

Vitals: HR _____ BP _____ SpO2 _____ RR _____ T _____ Ht _____ Wt _____

Uncooperative, unable to obtain vitals

Airway Exam:

Mouth opening: _____

Mallampati classification: _____

Thyromental distance: _____

Neck movement: _____

Prominent central incisors/loose teeth: _____

Heart: RRR without murmur Other: _____

Lungs: CTAB Other: _____

Extremities: WNL Other: _____

Neurologic Exam: WNL Other: _____

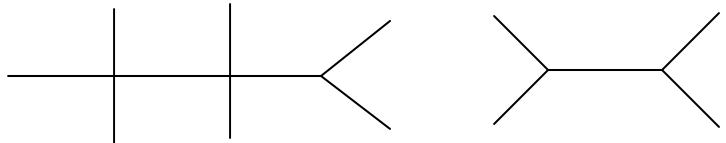
Relevant Diagnostics & Labs:

Hemoglobin: _____

Blood sugar: _____

EKG: _____

CXR: _____



Other: _____

Comments: _____

ASA Classification: I II III

X
Kathryn M. Le, DDS _____ Date _____