NORTHERN PLAINS SURGERY CENTER EVALUATION FOR ANESTHESIA

IF YOU HAVE ANY QUESTIONS CALL NORTHERN PLAINS SURGERY CENTER AT 701-232-9200 OR 1-877-304-9200

LUNG PROBLEMS YES NO Bronchitis, a chronic cough Asthma or Hay fever Obstructive Sleep Disorder Do you use a CPAP or BIPAP? Emphysema Any other lung trouble or shortness of breath Do you smoke, vape or use chewing tobacco? Packs per day How Long (Yrs.) Did you quit smoking? When? A cold in the past 2 weeks **HEART PROBLEMS** Rheumatic fever Heart murmer / Valve Disorder High blood pressure Chest pain, Angina, Coronary Artery Disease Heart attack(s), Angioplasty/Stents/Open Heart Surgery (CABG) Palpitations: irregular or fast heart beat Congestive Heart Failure (CHF) Pacemaker or Automatic Implantable Cordioverter Defibrillator (AICD) **MEDICATIONS** Have you used drugs like cortisone or steroids? When? Do you take any herbal medicines? List on back Do you use marijuana for medical/recreational use? Do you take (or have you taken) any addicting drugs: exp. opiods/narcotics Are you allergic to soybeans or Eggs? Are you allergic to latex/rubber products? Have you or a family member ever had problems with anesthesia-inc relaxants or slow to awake from anesthesia? Has anyone in your fam:

NOTE TO THE PATIENT, PARENT, OR GUARDIAN: Please fill out both sides and bring this form with you the day of the surgery.

OTHER	YES	NO
Muscular weakness, paralysis, or numbness in any part of the body/Fibromyalgia		
Neck/Back pain or injury		
Muscle disease/Multiple Sclerosis		
Convulsions, epilepsy, seizures		
Stroke/Transient Ischemic Attack (TIA)		
Carotid Artery Surgery		
Aneurysm/Coils/Stent		
Jaundice, hepatitis, liver trouble, cirrhosis		
Infectious disease: exp. HIV, AIDS		
Thyroid trouble		
Diabetes		
Cancer/chemotherapy		
Kidney disease/dialysis?		
Have you or your family had any bleeding problems	?	
Have you had blood transfusions?		
Any adverse reactions		
Anemia/Blood Abnormalities		
Hiatal hernia/GERD/Heartburn		
Are you pregnant?		
Other illnesses not mentioned above		
List		
Do you use alcohol?		
If so, how many drinks per week?		
Patient Weight Patient Height _		
ling a high fever, or prolonged response to muscle been diagnosed with malignant hyperthermia?		

Form #111 03/21

RELEASE:

Please list past Surgeries/Anesthesia

I understand that anesthesia and nerve blocks involve risks in addition to the risk of the proposed surgical, medical or diagnostic procedure(s). These risks may include adverse drug reactions, brain damage, nerve injury or death. Additional risks may include such things as injury to teeth or dental work, damage to vocal chords, respiratory problems, minor pain and discomfort, damage to arteries or veins, headaches, as well as other unexpected risks or complications.

as other unexpected risks of complications.	
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	Date:
	Signed:
	(Parent/Guardian necessary if patient is under 18 years of age
	and not an emancipated minor.)

Medication Record for Northern Plains Surgery Center

Please bring this with you on the day of surgery.

To help us care for you on the day of your surgery, please write in both the prescription and non-prescription medications that you normally take. You may attach a form with your medications and medication allergies instead of writing them out if you have this available. Thank you.

Thank you. Prescription Medications	Dose	Reason, If known	Time(s) taken
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