



Pre-Op Risk Screen
(Last Updated: June 24, 2019)

The goal of this form is to provide early notification of patients with a medical history that could represent an anesthesia risk or need for optimization prior to surgery. It is intended to be completed by a medical professional (Surgeon, RN, LPN, or MA) with input from the patient. **Please do not leave any area blank on the form.**

Patient Name: _____ Date of Birth: _____
Patient Contact Numbers Home: _____ Cell: _____ Primary Care Physician: _____
Interpreter Needed? Y N If yes, Language type: _____ Name of Surgeon Completing Form: _____

Y N : Are you, the patient, in a Nursing Home, Retirement Group Home, or Institution? If yes, name of Facility:
Location: _____ Telephone #: _____ Name of Contact Person: _____

CARDIAC:

Y N : Is the surgery to be scheduled cardiac related?
 Y N : Have you experienced or been treated for chest pain or shortness of breath in the last six (6) months? If yes, when?
 Y N : Have you had a heart attack in the last year (MI)? If yes, when
 Y N : Do you have any new cardiac stent(s)?
 Y N : Do you have a Pacemaker / Defibrillator / Implanted Device? If yes, who manages the care of the device?
 Y N : Do you have a diagnosis of congestive heart failure or an abnormal heart valve with symptoms that have worsened in the last six (6) months?

NEUROLOGY

Y N : Have you been diagnosed with a CVA/Stroke/TIA in the last year? If yes, what deficits?
 Y N : Have you had any stroke symptoms in the last six (6) months?

BLOOD

Y N : Do you take blood thinners? (Coumadin (warfarin), Plavix (clopidogrel), Brilinta (ticagrelor), Efflent (prasugrel), Ticlid (ticlodipine), Pradaxa (dabigatran), Xarelto (rivaroxiban), Bevyxa (betrixaban), Savaysa (edoxaban) If yes, who prescribes the blood thinner medication:
 Y N : Are you part of a NO BLOOD/TRANSFUSION FREE Program?
 Y N : Have you ever had a reaction to blood when receiving blood products?
 Y N : Are you being treated for a coagulation disorder?

PULMONARY

Y N : Do you have a pulmonologist? If yes, what do you see the pulmonologist for? _____ Name of pulmonologist: _____
 Y N : Have you been diagnosed with emphysema/ COPD (chronic lung disease) or asthma in the last year?
 Y N : Have you been admitted to the hospital for treatment of COPD (chronic lung disease) or asthma in the last year?
 Y N : Do you use home oxygen?
 Y N : Have you been diagnosed with obstructive sleep apnea? If yes, do you use a CPAP? Y N
 Y N : Do you currently smoke? If yes, number of cigarettes per day _____

ANESTHESIA

Y N : Have you been told it was difficult to insert a breathing tube (intubate) you in preparation for surgery?
 Y N : Have you or a family member ever been diagnosed with malignant hyperthermia?
 Y N : Have you or a family member ever had a SEVERE reaction to anesthesia or been told not to have anesthesia?

NUTRITION

Y N : Have you experienced significant or unplanned weight loss in the last 90 days?
 Y N : Do you currently drink alcohol daily?



Pre-Op Risk Screen
(Last Updated: June 24, 2019)

MEDICAL HISTORY

- Y N : Are you pre-diabetic?
- Y N : Are you an insulin-dependent diabetic?
- Y N : Do you have a history of kidney disease or kidney failure? If yes, are you on dialysis? Y N
- Y N : Do you currently see a Nephrologist? If yes, who?
- Y N : Do you have a new diagnosis of cancer?
- Y N : Are you currently taking Suboxone, Methodone or Naltrexone?
- Y N : Will you need help with your care when you return home after surgery?

Notes/Additional Information:

Note to Medical Staff: If any responses to an above questions is “yes”, the patient will require a referral to the Surgical Planning Team PRIOR to scheduling the surgery. If all responses are “no” then contact Regional Scheduling to schedule the patients surgery and associated pre-admit phone appointment.