

Pre-Operation Questionnaire

Please complete all information below.



WASHINGTON INSTITUTE
ORTHOPEDIC CENTER

Patient Information

Patient Name: Date of Birth:
Doctor's Name: Today's Date:
Preferred Pharmacy:
Pharmacy Location:

What body part(s) is this visit regarding?

SHOULDER: Left Right ELBOW: Left Right WRIST: Left Right
HAND: Left Right HIP: Left Right KNEE: Left Right
ANKLE: Left Right FOOT: Left Right
OTHER:

Please answer all of the following:

- Since your last visit, how are you feeling? Better Worse Same
- On a scale of 0 to 10 (10 is worst), what is the severity of your pain? (circle one): 0 1 2 3 4 5 6 7 8 9 10
- Do you have, or have you had, any of the following conditions:
 - Heart issues (e.g. high cholesterol, high blood pressure) Yes No
 - Do you have a cardiologist? Yes No If "Yes," physician's name:
 - History of blood clot(s) Yes No
 - Breathing problems (e.g. asthma, sleep apnea, COPD) Yes No
 - Do you use a CPAP or BiPAP machine? Yes No
 - Hepatitis or liver trouble Yes No
 - Kidney problems Yes No
 - Do you have a nephrologist? Yes No If "Yes," physician's name:
 - Epilepsy, seizures, or fits Yes No
 - Glaucoma Yes No
 - Bleeding disorders (e.g. Sickle cell, hemophilia) Yes No
 - Gastrointestinal problems (e.g. acid reflux, hernia, ulcer, heartburn) Yes No
 - Diabetes Yes No If "Yes," when was last A1C:
- Have you had any blood drawn or an EKG in the last 60 days? Yes No
- Do you have a history of anesthesia problems? Yes No
- Do you have a family history of anesthesia problems? Yes No
- Any chance of pregnancy? (women only) Yes No
- Do you smoke (including marijuana)? Yes No If "Yes," how often?
- Do you drink alcohol? Yes No If "Yes," how much?

List all previous surgeries:

Previous Surgery	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you have any metal in your body? Yes No If "Yes," list where:

Please complete the reverse side of this form.

