**ANESTHESIA PREOPERATIVE PATIENT EVALUATION FORM** 

**PROTOCOL NO :**

**NAME SURNAME :**

**GENDER :**

**AGE :**

**DATE OF BIRTH :**

**DEPARTMENT :**

Previous Anesthesia/Surgery :

Previous Illnesses :

Current Illnesses ( DM, HT, KOAH, asthma, chronic kidney failure, MI, ...) :

Medications used :

Hospitalization history (for reasons other than surgery) :

Habits; Smoking: Alcohol: Other:

Allergies :

History of using aspirin :

Women; Pregnant : Date of last period: Menopause:

**QUESTIONING OF THE SYSTEMS**

**Respiratory System:**

Coughing ( )

Shortness of breath ( )

Phlegm ( )

**Cardiovascular System:**

Chest pain ( )

Number of pillows ( )

Arrythmia ( )

**GIS :**

Stomach pain ( )

Diarrhea ( )

Constipation ( )

Hepatitis ( )

**Urogenital System:**

Kidney stone ( )

Urinary tract infections ( )

**Nervous System:**

Headache ( )

Waist-back pain ( )

Numbness in the arms and legs ( )

**Other** : Blood type:

**PHYSICAL EXAMINATION**

**Height** : cm

**Weight** : kg

**Blood pressure** : ......... mm Hg

**Heart rate** : ......beat/min.

**Respiration number** : ...../ min.

**State of consciousness** : ....

**AIRWAY**

**Teeth** : good ( ) bad ( ) prosthesis ( ) bridgework ( ) implant ( )

**Mallampati** (1)

**Other** : thyromental distance: front teeth implant:

**Cardiovascular examination:** : ...........................................................................

**Respiratory system** : .............................................................................................

**Neurological examination** : ...........................................................................................

**Other systems** : .................................................................................................

**Preoperative examinations** : .........................................................................................

EKG PA AC:

**Anesthesia plan** : ...................................................................................................

CONSULTATION:

**ASA Risk Group** ( )

**Premedication** : .....................................................................................................

The necessary information on anesthesia has been given ( )

Intraop problem?:

Postop not: