LONGMONT SURGERY CENTER, LLC
2030 West Mountain View Avenue, Suite 100 • Longmont, Colorado 80501 • (303) 682-0375 • FAX (303) 682-0593

NAME		DATE	AGE	SEX	HT	WT	
PHONE	SURGEON				PROPOSED OPERATION		

DO YOU NOW OR HAVE YOU EVER HAD?	YES	NO
HEART DISEASE/CHEST PAIN		
ANKLE SWELLING		
PACEMAKER/IRREGULAR HEARTBEAT		
HIGH BLOOD PRESSURE		
BRONCHITIS/EMPHYSEMA		
ASTHMA/WHEEZING		
BLEEDING PROBLEMS		
DIABETES		
LIVER DISEASE/JAUNDICE HEPATITIS		
AIDS/HIV		
KIDNEY PROBLEMS		
HIATAL HERNIA/ULCERS/ HEARTBURN		
EPILEPSY/CONVULSIONS/ SEIZURES		
BACK/NECK PROBLEMS		
ARTHRITIS		
CANCER		
DO YOU	**YES**	**NO**
HAVE ANY PHYSICAL RESTRICTIONS		
HAVE TROUBLE WALKING 1 BLOCK		
EVER USE OXYGEN		
HAVE FALSE/CAPPED/ LOOSE TEETH		
WEAR CONTACT LENSES, GLASSES, HEARING AIDS		
DRINK ALCOHOL AMT _____		
USE TOBACCO: CIGARETTE/PIPE/CHEW CURRENTLY/PAST: AMT _____		
OBJECT TO A BLOOD TRANSFUSION		
HAVE A LIVING WILL OR ADVANCE DIRECTIVE		
HAVE YOU HAD?	**YES**	**NO**
ASPIRIN REGULARLY/OCCASIONALLY		
ANTICOAGULANT/BLOOD THINNER IN PAST MONTH		
CORTISONE/STEROIDS PAST YEAR		
RECENT COUGH OR COLD		
PREVIOUS ANESTHETICS		
BAD REACTION TO ANESTHESIA		
RELATIVES WITH SEVERE REACTIONS TO ANESTHESIA		
COULD YOU BE PREGNANT		
ARE YOU AWARE OF THE RISK OF EATING OR DRINKING THE DAY OF YOUR ANESTHESIA?		
DO YOU HAVE ANY PROBLEMS OR QUESTIONS TO DISCUSS CONCERNING ANESTHESIA?		

COMMENTS

PLEASE LIST

OTHER ILLNESSES/DISEASES

SURGERIES/HOSPITALIZATIONS

MEDICATIONS - DOSE/FREQUENCY

ALLERGIES

ANESTHESIA EVALUATION

MD/CRNA SIGNATURE

1 2 3 4 E GENERAL REGIONAL TIVA

✓	MEDICATION		✓	POST-OPERATIVE ORDERS	
	1000cc LR IV			COLLABORATIVE PRACTICE	
				MONITORING, OXYGEN AND IV	
	VERSED-	-mg IV		FLUID THERAPY	
	ATROPINE-	-mg IV		IV-	cc/HR
	ROBINUL-	-mg IV		FENTANYL-	cc IV PRN MAX-
	REGLAN-	-mg IV slow		DILAUDID-	mg IV PRN MAX-
	ZANTAC-	-mg IV slow		MORPHINE-	mg IV PRN MAX-
	BENADRYL-	-mg IV		DEMEROL-	mg IV PRN MAX-
	FENTANYL-	-mg IV		DROPERIDOL-	cc IV PRN MAX-
	PHENERGAN-	-mg IV		REGLAN-	mg IV PRN MAX-
				ZOFRAN-	mg IV PRN MAX-
				PATIENT TO BE DISCHARGED PER	
				COLLABORATIVE PRACTICE CRITERIA	

MD/CRNA SIGNATURE

MD/CRNA SIGNATURE

LABEL

ADMISSION ASSESSMENT/ANESTHESIA EVALUATION

LSC FORM 1A-696