



596 Davis Drive
Newmarket, ON L3Y 2P9

Health Record #: _____ Complete or place barcoded patient label here
 Patient Name: *(print first, last)* _____
 DOB: mm / dd / yy Age: _____ Female Male
 OHIP #: _____ Version Code: _____
 Account #: _____ Date of Admission: mm / dd / yy

Pre-Operative

Pre-Operative History & Physical Exam

INSTRUCTIONS:

If you are scheduled to come the Anesthetic Assessment Clinic, see your family doctor a week prior to your clinic appointment and have him/her complete this form.

If you are not scheduled to come to the Anesthetic Assessment Clinic, see your family doctor for a physical 7 to 14 days **BEFORE** the date of your surgery and have him/her complete this form.

PUT THIS COMPLETED FORM IN YOUR ENVELOPE.

PLEASE PRINT CLEARLY

Patient Name: *(print first, last)* _____

Date of Birth: mm / dd / yy

Past Medical History:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Past Surgical History:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Anesthetic complications: No Yes **If yes, specify:** _____

Allergies? NKA Yes **If yes, specify:** _____
(Please describe reactions) _____

Smoking History? No Yes **If yes, how many packs/day?** _____

Alcohol consumption? No Yes **If yes, how many/week?** _____

Recreational drug use? No Yes **If yes, list:** _____

Medications:

Name of Drug	Dose	Frequency	Name of Drug	Dose	Frequency



