

Tri City Surgery Center
Patient Questionnaire/Medical History

Date of Procedure: _____ Doctor: _____

Patient Label

Phone: _____

Name: _____ Age: _____ Height: _____ Weight: _____ BMI: _____

Allergies: No known Allergies List all allergies on the back of this form ◀ (Circle this in Red if you have allergies)

Please list previous heart or lung procedures or surgeries: When? Why?

Have you recently had any cardiac tests done? If so, please call the surgery center and ask to speak to a preop nurse. Additional information is needed prior to your procedure/surgery.

Have you ever had a problem with anesthesia? No Yes Explain _____

Have any of your blood relatives ever had Malignant Hyperthermia or severe anesthesia problems? No Yes _____

Have you had any E.R. visits or been hospitalized in the last year? No Yes When? Why?

Are you currently being treated for an infection? No Yes, List _____

Do you currently have any symptoms of illness? No Yes, List _____

Do you take any blood thinners No Yes, List _____

Do you take any anti-diabetic or weigh loss medication, such as semaglutide? No

Yes, List _____ Last dose _____

Please list all medications, vitamins, supplements, and over-the-counter medications or attach a medication list.

Have you had any of the following conditions below? (√= yes) Primary Care Physician _____ Phone# _____

CARDIOVASCULAR

- High Blood Pressure
- Angina/Chest Pain When? Why?

Heart Attack / MI When?

- Pacemaker/Defibrillator
- Cardiac Arrhythmia
- Congestive Heart Failure
- Coronary Artery Disease
- Pulmonary Hypertension

Can you walk 4 blocks without becoming short of breath? Yes No

Have you ever had a blood clot or bleeding disorder?

When? _____

Cardiologist: _____

Date of last office visit: _____

If you answered (√= yes) to any of the cardiovascular conditions, please call the surgery center and ask to speak to a preop nurse.

RESPIRATORY

- Asthma COPD
- Use Home O2 _____ Liters HS 24hrs
- Other Lung/Breathing Problems

List _____

Pulmonologist: _____

Date of last office visit: _____

OBSTRUCTIVE APNEA RISK

- Sleep Apnea Use CPAP/BIPAP/Oral appl.

Do you snore loudly

ENDOCRINE

- Diabetes Type _____ Insulin Pump
- Thyroid problems _____
- Other _____

G.U.

- Kidney Problems _____
- Urinary/Bladder Problems _____
- Liver Problems/Jaundice _____

List _____

Males: Prostate Problems _____

Females:

- Hysterectomy post-Menopause

NEURO

- Stroke/TIA When _____
- Seizures Date of last _____
- Psychological problems _____

NEURO continue...

- Depression or Anxiety
- Other _____

MUSCULOSKELETAL

- Difficulty opening mouth
- Difficulty tilting head back
- Other _____

Spinal cord stimulator

ADDITIONAL HISTORY

- Cancer Type _____

When: _____

- Auto-Immune Disorder

GASTROINTESTINAL/DIGESTIVE

- GERD/Acid Reflux
- Other Gastrointestinal Problems

List _____

LIFESTYLE (√= yes)

Do you smoke? Did you ever smoke?

How much/ how long?

Year quit Do you drink alcohol? How much/how often?

Do you use recreational drugs or Marijuana?

What type?

Date of last use

Do you feel safe at home? (√= yes)

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COMMUNICABLE DISEASES

- HIV When _____ Treated (Y/N)
 Hepatitis **Type** _____
When _____ Treated (Y/N)
 MRSA When _____ Treated (Y/N)
 TB When _____ Treated (Y/N)
 C-Diff When _____ Treated (Y/N)

Please list any other medical problems

Allergies:

Nurse: _____

Date: _____ Time: _____

Need to know information for the day of your surgery/procedure

- If you have any cardiac history, please make sure you've called the surgery center and talked with a preop nurse prior to the date of service
- If you have a nerve stimulator, it must be placed on surgery mode when you arrive
- Do not wear jewelry, including piercings
- If you have asthma bring your inhaler
- Inhaled nicotine: such as cigarettes and vapes, abstain the morning of surgery
- If you take a blood thinner, the required hold time is determined by your doctor. Please call your doctor for that information
- If you take any weight loss or GLP-1 medications, hold time is required. These medications must be held for 7 days
- If you take any of the following cardiac medications, please hold it the day of surgery
 - Diuretics
 - Furosemide (Lasix)
 - Hydrochlorothiazide
 - Bumetanide
 - Spironolactone
 - ACE-I
 - Benazepril
 - Lisinopril
 - Enalapril
 - Ramipril
 - ARB
 - Losartan
 - Valsartan
 - Candesartan
 - Irbesartan
 - Oral diabetic medications
 - Glipizide
 - Metformin
- Bolus dose insulin must be held while NPO

If you have any questions on what medications, you can and can not take please call the surgery center and ask to speak to a nurse. We look forward to taking care of you.

At Tri-City Surgery Center we are dedicated to making your experience here one of excellence. Please tell us of any religious, cultural or communication concerns. _____