

PRE-OP QUESTIONNAIRE

(To be completed by child's parent)

Patient's Name _____ Date _____

Date of Surgery/Procedure _____

Type of Surgery/Procedure _____

Physician/Surgeon _____

Surgery/Procedure Location _____

Current Medications _____

- | | | |
|--|-----|----|
| 1. Do you have questions you would like us to answer about this or other problems?
Explain: _____ | YES | NO |
| 2. Is your child ill today?
Explain: _____ | YES | NO |
| 3. Has your child been exposed to chicken pox in the last two weeks?
Explain: _____ | YES | NO |
| 4. Has your child taken any prednisone or other steroid in the past 6 months?
Explain: _____ | YES | NO |
| 5. Are your child's immunizations up to date? | YES | NO |
| 6. Does your child have medical problems?
Explain: _____ | YES | NO |
| 7. Has your child ever been hospitalized before?
Explain: _____ | YES | NO |
| 8. Has your child ever had surgery before?
Explain: _____ | YES | NO |
| 9. Are there bleeding disorders that run in the family?
Explain: _____ | YES | NO |
| 10. Has anyone in the family had problems with anesthesia?
Explain: _____ | YES | NO |
| 11. Are there illnesses that run in the family?
Explain: _____ | YES | NO |