

ALLERGY HISTORY

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Are you allergic to?

Latex: Yes No

Adhesive Tape: Yes No

Eggs: Yes No

Peanuts: Yes No

Iodine: Yes No

Shellfish: Yes No

Anesthesia History

Have you had anesthesia in the past? If no, skip to question 6.

1. History of anesthesia awareness (feeling awake while you were under anesthesia). If yes, describe.
2. Prior anesthesia problems. If yes, describe.
3. Have you had post-op nausea and vomiting?
4. Does it take you a long time to recover after anesthesia?
5. Have you had high fevers with anesthesia?
6. Do you have loose teeth or dentures?
7. Do you have problems opening your mouth fully or tilting your head back?
8. Blood relatives with previous anesthesia problems? If yes, describe.