

Yes No Have you eyer smoked? Packs per day? How many years? When did you quit? Yes No Wheezing*, COPD (Emphysema, chronic bronchilis) or Ashtma? Yes No Do you use oxygen at home? Have you visited the emergency room for breathing problems in the past 2 years? Yes* No Sleep apnea? If so, do you use CPAP to sleep? Yes Is CPAP functional/available?			Respiratory or Breathing Problems
Yes* No Do you use oxygen at home? Yes* No No Reason? Yes No Sleep apnea? If so, do you use CPAP to sleep? Yes Is CPAP functional/available? No	Yes	No	
Yes* No Do you use oxygen at home? Yes* No Have you visited the emergency room for breathing problems in the past 2 years? Upper respiratory infection or new productive cough within the past week? Yes* No Sleep apnea? If so, do you use CPAP to sleep? Yes Is CPAP functional/available?	Yes	No	"Wheezing", COPD (Emphysema, chronic bronchitis) or Asthma?
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Yes No Isep apma? If so, do you use CPAP to sleep? Yess CPAP functional/available?			
Yes No TB? Treated? Neurologic Problems Yes No Stroke (CVA) or mini-stroke (TIA)? If yes, when? Yes No Neck pain and/or back pain? Yes No Neck pain and/or back pain? Yes No Diabetes? Yes No Cantestinal or Liver Problems Inflammatory bowel disease (Crohn's or Ulcerative colitis)? Yes No Cirrhosis of the liver? Yes No Hepatitis 8 or C? Kidney Problems Yes No Kidney froblems Yes No No Stroke (CWA) or mini-stroke (TIA)? If yes, what days of the week do you receive dialysis? Yes No No Stroke (CWA) or mini-stroke (TIA)? If yes, what days of the week do you receive dialysis? Yes No Stroke (CWA) or mini-stroke (TIA)? If yes, what days of the week do you receive dialysis? Yes No Stroke (CWA) or mini-stroke (TIA)? If yes, what days of the week do you receive dialysis? Blood Problems No Anemia (low red blood cells)? Yes No Blood clotting problems or excessive bleeding (Hemophilia, von Willebrand's disease)? Sickle cell disease or trait? Yes No Deep venous thrombosis (DVT) or pulmonary embolism (PE)? No Deep venous thrombosis (DVT) or pulmonary embolism (PE)? Yes No Deep venous thrombosis (DVT) or pulmonary embolism (PE)? Anesthesia Problems No Jiden (PE)? Anesthesia Problems Do you have a personal or family history of malignant hyperthermia? Yes No Have you been diagnosed with C DiffMRSA?			
Yes No Siroke (CVA) or mini-stroke (TIA)? If yes, when?			
Neurologic Problems	Yes	No	
Yes No Stroke (CVA) or mini-stroke (TIA)? If yes, when?			Neurologic Problems
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Yes No Neck pain and/or back pain? Peripheral neuropathy (numbness or tingling in hands, arms, feet, or legs)? Endocrine or Metabolic Problems Diabetes? Yes No Thyroid disease? Yes No Thyroid disease? Yes No Have you taken steroids within the last year to treat breathing problems or arthritis? GastroIntestinal or Liver Problems Inflammatory bowel disease (Crohn's or Ulcerative colitis)? Hiatal hernia, GERD (gastroesophageal reflux disease) or peptic ulcer disease? Cirrhosis of the liver? Yes No Hepatitis B or C? Kidney Problems No Kidney Problems No Kidney Problems No Anemia (low red blood cells)? Thrombocytopenia (low platelet count)? Yes* No Anemia (low red blood cells)? Thrombocytopenia (low platelet count)? Yes* No Sickle cell disease or trait? Yes No Deep venous thrombosis (DVT) or pulmonary embolism (PE)? Yes* No Do you take any blood thinners (anticoagulants)? HIV/AIDS? Anesthesia Problems Yes* No Told that it was difficult to place a breathing tube in your airway (intubation)? Had severe nausea/vomiting or other severe reaction after anesthesia? Other Yes No Reumatoid arthritis, Lupus or other autoimmune disease? Is there a possibility you may be pregnant? Date of last menstrual period Do you drink alcoholic beverages? Average number of drinks per week Have you been diagnosed with C. Diff/MRSA?			Seizures or epilepsy? If yes, when was your last seizure?
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Yes No Have you been diagnosed with C.Diff/MRSA?			
Yes No Is there anything else about your medical history not mentioned above? If yes, please describe:			
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	169	NO	is there arrything else about your medical history not mentioned above? If yes, please describe:

Patient Name: