ANESTHESIA & ME CHECKLIST

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LIFELINE to MODERN MEDICINE

Fill out the following health survey, date it and place it in your wallet. It just might save your life.

Date: _____/_____/_____

A ☐ **Allergies:** (reactions to food [such as eggs or shellfish], medicines, latex, etc.?)

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N ☐ **Neurological conditions:** (such as epilepsy, stroke?)

E ☐ **Esophageal conditions:** (reflux, chronic heartburn?)

S ☐ **Stomach problems:** (ulcers or eating disorders?)

T ☐ **Teeth:** (any loose teeth, dentures, bridgework?)

H ☐ **Heart disease:** (heart attack, angina or chest pain, high blood pressure, or family history of any of these?)

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E ☐ **Emphysema, asthma, apnea:** (or other lung or breathing problem?)

S ☐ **Surgeries in the past and any problems with anesthesia?:** (Including any history of a family member having problems with anesthesia)

I ☐ **Immune system:** (deficiencies, hepatitis, immunizations) or inadequate clotting (excessive bleeding?)

A ☐ **Arthritis:** (or other conditions that restrict movement?)

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M ☐ **Medications:** (prescription and over-the-counter drugs? Herbals or supplements?)

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E ☐ **Endocrine system disorders:** (like diabetes, thyroid conditions?)

American Society of Anesthesiologists