





### Patient Health History

Previous Surgeries/Procedures:  None

Year

_____	_____
_____	_____
_____	_____
_____	_____

Anesthesia History:  None

Please explain any yes answers below

Yes No

- Have you had general anesthesia or sedation before?
- Did you have any complications with the anesthesia?
- Were you told it was difficult to insert the breathing tube?
- Have any of your blood relatives had problems with anesthesia other than nausea or slow awakening?

Explanation: \_\_\_\_\_

Previous Hospitalizations:  None

Year

_____	_____
_____	_____
_____	_____
_____	_____

Current Medications (Prescribed/OTC/Supplements):  None

Medication	Dose	Directions for Use	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that withholding any information about my health history could jeopardize my safety. Therefore, I have completed/reviewed this health history carefully and have answered all questions truthfully and to the best of my knowledge. I hereby give permission to Mobile Anesthesia Care to discuss/share/obtain pertinent medical information with the below provider(s) and/or hospital as needed. **Check all that apply below:**

PCP (as listed on page 1)     Psychiatrist (as listed on page 1)     Hospital/Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_