Stephen K. Buto, M.D., Inc.
Gastroenterology & Liver Diseases

Queen's POB II
1329 Lusitana Street, Suite 105
Honolulu, HI 96813
Phone: (808) 524-7676

Pre-Anesthesia Check List

Date: ________________________________

Last Name: ____________________________ First Name: __________________________________ MI: ___

Please answer these questions as best as you can to help us deliver safe and comfortable anesthesia.
This information is to add to what you gave us in your other forms.

Yes	No	?	**Family History:**
			1. Has anyone in your family ever had a reaction to anesthesia?
			2. Does anyone in your family have malignant hyperthermia (very high, life-threatening fever after anesthesia)?

Yes	No	?	**Past History:**
			1. Do you have claustrophobia (fear of enclosed places/situations)?
			2. Have you ever had anesthesia/pain killers/narcotics before? (If you answered "no," then skip to "Airway")
			3. Have you ever had a reaction to anesthesia or pain killers?
			4. Have you ever had anesthesia that wasn't enough?
			5. Are you allergic to any anesthetics, narcotics, pain killers?
			6. Have you ever had difficult anesthesia?

Yes	No	?	**Airway:**
			1. Do you wear dentures?
			2. Do you have bridges, caps, or other cosmetic work done on the front teeth?
			3. Do you snore?
			4. Do you have sleep apnea?
			5. Has anyone noted that you look like you stop breathing when you sleep?
			6. Do you smoke? (cigarettes, cigars, pipes, other substances)
			7. Any recent bronchitis or pneumonia or airway infection?
			8. Do you have asthma?
			9. Do you wheeze?
			10. Do you have fits of coughing?
			11. Do you feel short of breath at times?

Yes	No	?	**Substances:**
			1. Do you take medicines for anxiety, depression, menopause, PMS?
			2. Do you take any medicines from a psychiatrist?
			3. Do you drink alcohol?
			a) If yes, then how much at a sitting? ______________________________
			b) How much does it take to affect you? ______________________________
			c) How often do you drink alcohol? ______________________________
			4. Do you take any pain killer medicines?
			5. Do you take any sleeping pills?
			6. Do you take any medicines, drugs, herbs, street drugs, etc. not prescribed by a licensed doctor?
			7. In the case of an emergency, is it okay to give you a blood transfusion?