

**RAINIER ANESTHESIA ASSOCIATES
 Pediatric Preoperative Medical History**

Preferred Name: _____ DOB: _____ Height: _____ Weight: _____
 Parent or Legal Guardian's Name: _____ Relationship: Mother Father _____
 Best daytime phone #: _____ May we leave a message at this #? YES No
 Do you require an interpreter? YES No language required: _____ PCP: _____
 Surgeon: _____ Procedure: _____ Date of Surgery: _____

Has your child had previous surgery (if yes, please list and date)? Yes No

YES No Difficulty/concerns with previous anesthetic. _____
 YES No Blood relative (parent, sibling) who had a serious reaction to anesthesia that involved a fever, seizures or hospital admission. Type of reaction: _____

Patient Medical History:

YES No Congenital abnormality or developmental delay (such as Down's syndrome, microcephaly, autism).
 If yes, explain: _____
 YES No Heart murmur or abnormal heart valve. If yes, explain: _____
 YES No Asthma/bronchitis/sleep apnea. If yes, explain: _____
 YES No Acid reflux. If yes, explain: _____
 YES No Frequent bleeding/easy bruising. If yes, explain: _____
 YES No Current cold or cough?
 YES No Diabetes. If yes, is your child on an insulin pump? YES No Average blood sugar/A1C _____
 Other medical conditions: _____

YES No Allergies. If yes, please list with reaction: Latex Iodine Shellfish Adhesives

Drug/Substance	Reaction	Drug/Substance	Reaction

Females: Could your daughter be pregnant? YES No Last menstrual period (if applicable): _____

Medications: None

Drug	Dosage	Drug	Dosage

YES No Has your child been on steroids (oral, inhaled or intravenous) within the last 3 months? _____

Parent/Guardian Contact Information:

Would you like the anesthesiologist to contact you by phone prior to the procedure? YES No

If so, please provide your name and phone number below:

Name: _____ Contact number: _____

The information I have provided above is accurate and complete regarding current and past illnesses, medications (including herbal supplements), and other matters pertaining to the patient's health and complete medical history.

 Parent/Legal Guardian's Signature

 Date