Landmark Surgery Center, LLC.
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PREOPERATIVE H&P Patient Name:_____ DOB:_____

Date	Weight	Height	BMI	Age	Allergies: ___ Yes ___ NKDA Latex allergy ___ No ___ Yes Allergy Reaction:

History:

- Y N Have you recently had a cold or flu
- Y N High Blood Pressure
- Y N Heart attack/ Heart Surgery/
- Y N Chest Pain/Heart Murmur
- Y N Asthma/Shortness of Breath/Bronchitis
- Y N Sleep Apnea, Use CPAP
- Y N Diabetes – Insulin – oral
- Y N Stroke/Seizures
- Y N Liver, Kidney disease/
- Y N Jaundice/Hepatitis
- Y N Thyroid condition
- Y N Ulcers or other stomach disorders
- Y N Hiatal hernia
- Y N Neck or Back pain
- Y N Numbness, weakness, paralysis of extremities
- Y N Muscle or nerve disease, or neuromuscular disorder
- Y N Does your family have sickle cell trait?
- Y N Do you have a history of blood clots or a clotting disorder?

History continued:

- Y N Do you (or did you) smoke?
  Packs/day ____ Number of years ____
  Date Quit _____
- Y N Do you consume alcohol?
  Drinks/week _____
- Y N Do you take or have taken recreational drugs?
- Y N Have you taken steroids in the last six months?
- Y N Do you take any anti-inflammatory medications? (Celebrex, arthritis or joint medications)
- Y N Do you take blood thinners? (Plavix, Coumadin, Aspirin, Xeralto, Eliquis)
- Y N Vitamin E, Ginseng, Fish Oil, ibuprofen (stop two weeks prior to surgery)
- Y N Weight loss medication (stop 4 weeks prior to surgery)
- Y N Have you or any blood relatives had a serious reaction to anesthesia?
- Y N Do you have a history of muscle spasm or high fever immediately following anesthesia or intense exercise?
- Y N (Men) Do you take Viagra? (Stop 72 hours prior to surgery)
- Y N Medical Clearance (see back)

Previous Surgery:	Current Medication:

Diagnosis:

Procedure:

****This form can be completed by the patient or your physician, it does not matter****

o The patient completed this form.
Patient Signature: _____ Date: _____

o Patient's PCP/General Practitioner completed this form:
Physician Signature:_____ Date: _____

o Reviewed by MDA/CRNA: _____ Date: ____/____/_____ Time: _____ am pm
o Reviewed by Dr. Shaher W. Khan MD: _____ Date: ____/____/_____ Time: _____ am pm

☐ On this day, H&P is reviewed with a physical exam- NO changes within 30 days of the surgical date.

☐ On this day, H&P is reviewed with a physical exam- YES changes within 30 days of the surgical date:
_____