SURGICAL PARTNERS OF OKLAHOMA

Y N Rheumatic Fever Y N Motion slokness 4. Y N Lung disease Y N Pocemaker 5. Y N Ashtma Y N Implanted defibrillator 6. Y N N Phendrolia Y N Implanted defibrillator 7. Y N Phendrolia Y N Implanted defibrillator 6. Y N Phendrolia Y N Implanted defibrillator 6. Y N Blood vessel disease (Phiebitis) Y N Heart Valve replacement 7. Y N Jauratic Y N Preplacement 7. Y N Jauratic Y N Preplacement 7. Y N Jauratic Y N Preplacement 7. Y N Jauratic Y N Embedication 1. Y N	Name:	Date:	Age:	Weight:	Height:
Y N Heart trouble	Accompanied by:	Relationship to patient:			
Y N Heart trouble					
Y N Irregular heartbeat					
Y N High blood pressure Y N Fracture of facial bones 2		Y N Reaction to tape, bandaids	L	ist allergies (d	drug, food)
Y N Stroke Y N Fracture of neck or back 3. Y N Rheumatic Fever Y N Motion sickness 4. Y N Lung disease Y N Pacemaker 5. Y N Lung disease Y N Percentent 7. Y N Asthma Y N Implanted defibrillator 6. Y N Percentent 7. Y Y N Blood vessel disease (Phiebitis) Y N Heart Valve replacement Y N Joundice Y N Peragnant currently List medications & dosages Y N Pacceatits Y N Peragnant currently List medications & dosages Y N Pacceatits Y N Peragnant currently List medications & dosages Y N Pacceatits Y N Emphysema 2. Y N Emphysema 2.	_	<u>-</u>	1	• -	
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Y N Dialysisdays Y N Body piercing 5.	Y N Kidney disease	Y N Dental bridges			
where	Y N Dialysisdays	Y N Glasses or contacts			
The state The	where	Y N Body piercing	5		
The state The	Y N Urinary problems	Y N Hearing aid	6	i.	
Primary Care Y N Abnormal EKG Y N Abnormal bleeding tendencies Y N Smokepack(s) per day List all Doctors you are currently seeing Primary Care Primary Care Cardiologist Pulmonologist Pain Mgmt Oncologist Other Other	date treated	-	7		
Y N Other medical issue Y N Former smoker currently seeing Y N Drink alcohol Primary Care Y N Abnormal chest X-ray Y N Use recreational (street) drugs Cardiologist Y N Abnormal EKG	Y N Diabetes	Do You:			
Y N Other medical issue Y N Former smoker currently seeing Y N Drink alcohol Primary Care Y N Abnormal chest X-ray Y N Use recreational (street) drugs Cardiologist Y N Abnormal EKG	Y N Cancer	Y N Smoke pack(s) per	day L	ist all Doctor	s you are
Y N Drink alcohol Primary Care	Y N Other medical issue		•		_
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Y N Abnormal bleeding tendencies Pain Mgmt	Y N Abnormal EKG				
Y N Anticoagulant therapy Oncologist Y N NSAIDS Other					
Y N NSAIDS Other					
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Y N Blood thinners or aspirin	Y N Blood thinners or aspirin				
	Y N Positive HIV/AIDS blood test	Patient Signature			