Mid Valley Dermatology & Cosmetic Surgery Center
Allan S. Wirtzer, M.D., Medical Director
4836 Van Nuys Boulevard Sherman Oaks, CA 91403
(818) 907-SKIN (7546)

PRE-OPERATIVE QUESTIONNAIRE

AGE__________ **WT**__________ **HT**__________

BP__________ **PULSE**__________ **TEMP**__________

Check one:

YES	NO		
❑	❑	1.	Do you wear contact lenses?
❑	❑	2.	Do you have dentures, caps or loose teeth?
❑	❑	3.	Do you wear a hearing aide?
❑	❑	4.	Do you wear a prosthetic device such as a glass eye or an artificial limb?
❑	❑	5.	Do you have a pacemaker?
❑	❑	6.	Have you had any heart valves replaced?
❑	❑	7.	Have you had any joints replaced?
❑	❑	8.	Do you have difficulty moving your joints, arms, legs or back?
❑	❑	9.	Do you drink alcohol? How much? __________
❑	❑	10.	Do you smoke? How much? __________
❑	❑	11.	Have you ever had a bad reaction or allergy to a medication or drug? Explain: __________
❑	❑	12.	Have you ever taken cortisone or steroid preparation within the past two years? Drug__________ How much?__________ When?__________
❑	❑	13.	Have you ever had a serious illness? Explain:__________
❑	❑	14.	Have you ever had any of the following:

❑ shortness of breath	❑ wheeze (asthma)	❑ heart attack
❑ cough or bronchitis	❑ ankle swelling	❑ numbness
❑ chest pain	❑ heart murmur	❑ seizure problem
❑ irregular or extra heartbeat	❑ high blood pressure	❑ diabetes ("sugar")
❑ hepatitis or jaundice	❑ easy bruising or bleeding	❑ kidney problem
❑ joint stiffness	❑ muscle weakness	❑ other health problem(s)

YES	NO		
❑	❑	15.	Are you presently being treated for any medical problems? Explain:__________
❑	❑	16.	Do you take any medicines or drugs (example: aspirin, blood thinners, water pills, eye drops, etc.) Name of drug__________ How much__________
❑	❑	17.	Had you ever had an operation? If YES please list the type and year starting with the most recent. __________
❑	❑	18.	Have you ever had a blood transfusion?
❑	❑	19.	Have you, or any family member, had a reaction or death related to a local or general anesthesia?
			FOR WOMEN ONLY
❑	❑	20.	Is there any possibility that you might be pregnant?
❑	❑	21.	If you are having surgery on your reproductive organs, when was your last menstrual period.?

PATIENT SIGNATURE__________________________ DATE__________