

We are looking forward to performing your eye surgery!

Please fill out the following form regarding your overall medical health and bring it with you to your appointment with your surgeon. This helps our anesthesia team determine how best to care for you.



Lucian
Szmyd Jr., MD



Warren
Goldblatt, MD



N. Timothy
Peters, MD



Marsha
Kavanagh, MD



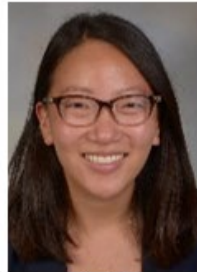
Timothy
Sullivan, MD



Kinley
Beck, MD



Claudia
Bartolini, MD



Jennifer
Ling, MD



Jason
Szelog, MD

Name:

Date:

ANESTHESIA SCREENING

1. Height: _____ ft _____ in
Weight: _____ lbs
2. Do you require continuous oxygen for any breathing disorder (COPD, emphysema, fibrosis)? ☐ Yes ☐ No
3. Are you currently on dialysis? ☐ Yes ☐ No
4. In the last 3 months, have you had any cardiac event (heart attack/MI, cardiac stent, bypass surgery)? ☐ Yes ☐ No
If yes, date: _____
5. In the last 3 months, have you had a stroke/TIA? ☐ Yes ☐ No
If yes, date: _____
6. In the last 3 months, have you had a seizure? ☐ Yes ☐ No
If yes, date: _____
7. Are you currently undergoing workup for chest pain, abnormal heart rhythm, valvular disease, seizures, strokes/TIA, or a clotting disorder? ☐ Yes ☐ No
8. In the last 1 month, have you been hospitalized for any reason? ☐ Yes ☐ No
If yes, date: _____
9. Are you currently receiving radiation or chemotherapy for metastatic cancer? ☐ Yes ☐ No
10. Have you ever had an allergic or adverse reaction to the medications Versed (midazolam), propofol, or opioid pain medications? ☐ Yes ☐ No
11. Have you ever been told you are a difficult intubation (difficulty placing a breathing tube)? ☐ Yes ☐ No
12. Do you have any of the following: ☐ Defibrillator ☐ Pacemaker ☐ Combined
If yes, date of last interrogation: _____

THANK YOU!

Please give this form to the technician or the doctor during your appointment.