

Patient Information

Patient Name

Date of Birth

Age

Gender

Hospital No./ID

Parent/Guardian Name

Contact Number

Surgical Details

Diagnosis

Procedure

Date of Surgery

Surgeon

Medical History

Current Medications

Allergies

Past Medical History

Past Surgical History

Family History (Anesthesia Complications, Bleeding Disorders, etc.)

Pre-Operative Assessment

Weight (kg)

Height (cm)

Vital Signs

Airway Assessment

Cardiorespiratory Assessment

Other Relevant Examination

Laboratory/Investigation Results

Laboratory Findings

Imaging

Anesthesia Plan

Planned Technique

Special Considerations

Pre-Operative Orders/Preparation

Orders/Preparation

Assessed By

Date