

Neurosurgery Preoperative Assessment Form

Patient Information

Full Name

Date of Birth

MRN/ID Number

Age

Sex

Contact Number

Address

Surgical Information

Diagnosis

Planned Procedure

Surgeon

Anesthetist

Date of Surgery

Medical History

Comorbidities

Current Medications

Drug Allergies

Previous Surgeries

Smoking History

Alcohol Use

Physical Examination

Weight (kg)

Height (cm)

Blood Pressure (mmHg)

Heart Rate (bpm)

Neurological Examination

Other Findings

Investigations

Bloods / Labs

Imaging

Other Investigations

Anaesthetic Assessment

ASA Grade

Airway Assessment

Anaesthetist Comments

Consent

Consent Discussions

Patient/Guardian Signature

Date