

# Pre-Anesthesia Medical History Form

## Personal Information

Full Name

Date of Birth

Age

Weight (kg)

Height (cm)

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## Contact Information

Phone Number

Emergency Contact Name

Emergency Contact Phone

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## Medical History

List any past surgeries

List current medical conditions

List any allergies (medications, foods, latex, etc.)

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## Current Medications

Please list all medications you are currently taking

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## Lifestyle

- ☐ Smoker
- ☐ Alcohol Use
- ☐ Recreational Drugs

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## Anesthesia History

Have you had problems with anesthesia before?

- ☐ Yes
- ☐ No

If yes, please describe

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## Family History

Has anyone in your family had problems with anesthesia?

- ☐ Yes
- ☐ No

If yes, please describe

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## Other Information

Is there any other information the anesthesia team should know?