

Preoperative Assessment Checklist

Patient Details

Name:

Date of Birth:

MRN:

Surgery Date:

Surgeon:

Preoperative Checklist

- ☐ Allergies checked
- ☐ Medical history reviewed
- ☐ Current medications documented
- ☐ Recent lab results reviewed
- ☐ Vital signs documented
- ☐ Consent form signed
- ☐ NPO status confirmed
- ☐ Imaging reviewed (if applicable)
- ☐ Other assessments complete

Airway Assessment

Mallampati:

Teeth Status:

Neck Mobility:

ASA Physical Status

Anesthesia Plan

Preoperative Instructions

Clinician Name & Date

Clinician:

Date: