

# Pediatric Pre-Operative Assessment Form

## Patient Information

Name

Date of Birth

Age

Medical Record Number

Gender

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## Parent / Guardian Information

Parent/Guardian Name

Contact Number

Relationship to Patient

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## Surgical Procedure

Planned Procedure

Date of Surgery

Surgeon Name

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## Medical History

Relevant Medical History

Previous Surgery

Allergies

Current Medication

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## Physical Examination

Weight (kg)

Height (cm)

Temperature (°C)

Pulse (bpm)

Respiratory Rate

Blood Pressure

Other Exam Notes

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## ASA Status

ASA Classification

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## Anesthesia Assessment

Fasting Status

Airway Assessment

Anesthesia Notes / Plan

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Assessor Name

Date of Assessment