Today's Date: Today's Time:						Check your relationship with the patient:			
Surgery Date: Preferred Language:						Biological or Adoptive Parent Cuardian (need entropyed)			
				Date of Birth:		 Legal Guardian (need approved paperwork or court order for surgery) 			
Procedure to be done: Surgeon/MD Name:						Food/Medication Allergies:	Reaction:		
					_				
ANESTHESIA PROBLEMS									
□ NONE □ YES Explain any past anesthesia problems the CHILD has had:									
							-		
							-		
□ NONE □ YES Explain any past anesthesia problems the FAMILY has had:									
HAS YOUR CHILD EVER HAD THE FOLLOWING?	NO	YES		EXPLANATION OF CONDITION:			s Your Child Takes:		
Bronchitis/Pneumonia/FLU/RSV/COVID in the past 4 weeks (Specify)						□ None			
Breathing Problems									
Asthma/Wheezing									
If YES, oral steroid use in the last year?									
Snoring (Specify with breathing pauses)									
Cold or Cough in the last 4 weeks					ſ	Past Hospital Sta	y/Surgery:		
Fever recently						□ None			
Earaches/Infections									
Swallowing Problems									
Vomiting/Diarrhea recently		-							
Prematurity/Birth Defects									
Genetic Disorders									
Heart Defect or Murmur						Has your child be Sickle Cell? If yes			
Thyroid Problems						Sickle Cell? Il ye	s, results.		
High/Low Blood Sugar									
Seizures									
Cancer History						Primary Care Phy Number:	sician & Phone		
Kidney/Urinary Problems						Number.			
Liver Problems									
Excess Bleeding/Anemia, Jehovah Witness (sign bloodless consent)						Please List Any O	ther Physicians		
Muscle Weakness/Numbness or Paralysis						your Child is Foll	owed By:		
Joint Pain or Bone Deformity									
Skin Sores/Wounds/Rash									
Capped/Loose Teeth, Braces/Retainers									
Behavioral Problems/Developmental Delay/ Autism									
Metal or Heart Implants/Shunts/Stimulators									
Tobacco Smoke Exposure/Vape, Recreational Drugs									
Other: (Specify)									
Guardian Signature:		I		Guardian E Printed Name:	Date:		Time:		



Wolfson Children's Hospital Jacksonville, FL

PRE-ANESTHESIA ASSESSMENT



PATIENT LABEL