



Mount Saint Joseph Hospital
 3080 Prince Edward Street,
 Vancouver, B.C. V5T 3N4

**OPHTHALMOLOGY SURGERY
 PRE-ADMISSION HISTORY**

Date: _____

ALLERGIES: None Latex Other: _____

MEDICATIONS: (please list)

Prescription: _____

Non-prescription: _____

HISTORY

Yes	No		Yes	No	
		Stroke Date: _____			UGI Reflux
		Heart disease: <input type="checkbox"/> Angina <input type="checkbox"/> MI Date: _____			Epilepsy/Seizures: Last date: _____
		High blood pressure BP: _____			Hearing Impairment: <input type="checkbox"/> Right <input type="checkbox"/> Left
		Respiratory: <input type="checkbox"/> Asthma <input type="checkbox"/> Sleep Apnea			Smoking: Daily Amount: _____
		Diabetes: <input type="checkbox"/> Diet Controlled <input type="checkbox"/> NIDDM <input type="checkbox"/> IDDM			Alcohol: more than 3 drinks/week Daily Amount: _____
		Anesthetic Problems:			Other:

Past surgical history: _____

Relevant family history: _____

Physical findings: _____

ASA SCORE: 1 2 3 4 5

Height: _____ Weight: _____

Physician signature: _____

Printed name: _____

