



# Pre-Procedure Evaluation

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## Past Medical History

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

History Relevant to Procedure: \_\_\_\_\_

Significant comorbidities (include severity and recent changes in condition): \_\_\_\_\_  
\_\_\_\_\_

Use of tobacco, ETOH, other drugs: \_\_\_\_\_

Past anesthetic or sedation history: \_\_\_\_\_

Sleep Apnea? (Y/N): \_\_\_\_\_ NPO Since: \_\_\_\_\_

## Vital Signs

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

BP: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ SpO2: \_\_\_\_\_

## Physical Exam

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Neuro: \_\_\_\_\_ Level of Consciousness: \_\_\_\_\_

Airway: MP Class: \_\_\_\_\_ Teeth: \_\_\_\_\_ Neck Extension: \_\_\_\_\_

Neck Size: \_\_\_\_\_ TM Distance: \_\_\_\_\_ Mouth Opening: \_\_\_\_\_

Other: \_\_\_\_\_

## Laboratory Testing/Consultation

ASA Class: \_\_\_\_\_

Plan for Sedation: \_\_\_\_\_

The risks, benefits, and options of this sedation/analgesia have been discussed with the patient or responsible party. **Yes**