

Alberta Surgical Centre
Outpatient Surgery, 202W, 14310-111 Avenue,
Edmonton, Alberta T5M 3Z7
 Ph. 780-488-2724

Pre-operative information sheet.

Please complete this questionnaire and have your doctor complete the history and examination.

If you have any questions, please call us or discuss them with your doctor. Thank you.

**Please fax the completed form to your dentist's office, Fax # 780-441-1228
 and bring the original with you when you bring your child for dental surgery.**

Name: _____ Birthdate: Day _____ Month _____ Year _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Phone #: _____ Alberta Health Care #: _____
 Dentist: Dr. _____ Responsible Party: _____ Relationship: _____
 Allergies: _____ Known anesthetic problems: Y / N Asthma: Y / N

History	Examination No significant abnormality
Chief complaint	Head and Neck <input type="checkbox"/>
Proposed surgery	Heart / CVS <input type="checkbox"/>
Past Illnesses and Operations	Lungs <input type="checkbox"/>
Functional Inquiry	Abdomen <input type="checkbox"/>
H&N	Musculoskeletal <input type="checkbox"/>
CVS	Vital Signs: B.P. _____ H.R. _____ Resp. _____
Pulmonary	Overall General Condition & Diagnosis
Neuro/endocrine	Lab results – as indicated – EKG if over 55
Other	
Previous hepatitis Y / N	
Medication: Present or Recent <input type="checkbox"/> None <input type="checkbox"/>	
Allergies None <input type="checkbox"/>	

Physician Signature: _____ Physician Name (print): _____

Date: _____ Physician Phone Number: _____ Fax: _____