Preoperative Patient Information

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Please fill out the following before surgery.

Drug Reactions/Allergies/Latex Sensitivity

Some patients are allergic to medications such as penicillin. Others may get nausea/vomiting from narcotics like codeine, morphine, Demerol®, Vicodin®, and Percocet®.

Please list any known drug allergies, reactions, or sensitivities.

Medicine Name Type of Reaction/Allergy

1.
2.
3.
4.

_____I do not have any known drug allergies, reactions, or latex sensitivity.

Prescription Medications

Please list all prescription medications that you are taking.

1.
2.
3.
4.

_____I am currently not taking any prescription medications.

Nonprescription Medications/Dietary Supplements/Vitamins/"Herbs"/Minerals

Many patients take nonprescription medicines. These include aspirin and anti-inflammatories (Advil®, Motrin®, Aleve®). They can also include others like dietary supplements, vitamins, "herbs," or minerals. These may cause bleeding during or after surgery. They may also react with other prescription medications. If you are taking any such items, please list them below. Stop using them for at least 10 days before and after surgery.

1.
2.
3.

_____I am currently not taking any nonprescription medications.

Smoking, Secondhand Smoke Exposure, Nicotine use

Patients who smoke or use tobacco or nicotine products (patch, gum, or nasal spray) are at risk of surgical problems. This includes skin death and delayed healing. The same is true for people exposed to secondhand smoke or other nicotine products. Smoking can negatively affect recovery from anesthesia. It can cause coughing and increased bleeding. People who are not exposed to nicotine are at a lower risk of these problems. Please mark your current nicotine use below:

_____I am a nonsmoker and do not use nicotine products.

_____I am a smoker and use tobacco or nicotine products. I know this may cause surgical complications.

_____I used to smoke. I stopped about _____ ago. I know I may still have problems from smoking if not enough time has lapsed.

Date/Time: _____ Signature: _____

_____ **Patient Initials**

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