PRE-OPERATIVE ANESTHESIA NOTE
(Complete Within 24 Hours Pre-Op)

Age: Sex: ☐ Male ☐ Female

Proposed Surgery:

Surgical/Anesthetic History:

Allergies:

Medical History:

Medications:

System Review:	Normal	Abnormal
Airway		
Cardiac		
Pulmonary		
CNS		
Endocrine		
Hepatic/GI		
Renal		
Hematology		
Musculoskeletal		

Physical Exam: Wt. BP Pulse Resp.

Heart: Lungs:

Airway: Dental:

Pre-Medications:

Anesthesia Plan:

☐ General ☐ Epidural ☐ Spinal

☐ Local-IV ☐ Other ☐ Options/ Risks Explained & Patient Accepted

ASA Status: 1 2 3 4 5 6 E

Laboratory:

Discussion:

Anesthesiologist Signature

Date Time

POST-OPERATIVE ANESTHESIA NOTE
(Complete Within 24 Hours Post-Op)

☐ No Anesthesia Complication ☐ Vital Signs Stable

☐ Oriented & Awake-Mental Status Stable ☐ Other (Explain):

Further Follow-up Required? ☐ No ☐ Yes (If yes, enter appropriate comments below.)

Anesthesiologist Signature

Date Time

Comments, including disposition: