# **Client Name**

**Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

**Service Location:** Main OR Outside of OR

**CRNA:** Christensen Whittington M. Bergeson Harris Gerun D. Bergeson Beck Somsen Mclean Matthews Beus Stratton

**SURGEON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_Gender\_\_

Financially Responsible Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_Group#\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL STATUS CODES: 1 2 3 4 5** Emergency

**NOTES:**

1. **SECONDARY DIAGNOSIS: Document all that apply** Airway Obstruction/abnormality
2. Mental Illness:\_\_\_\_\_\_\_\_\_\_ DM: I, II CVA / TIA: residual N, Y \_\_\_ COPD/Emphysema
3. Dementia HTN Pacemaker / AICD Asthma
4. Anxiety / Depression / PTSD Hepatitis: A, B, C CAD / Stents / CATH OSA / CPAP / BIPAP
5. Migraines Muscle Disease CHF Renal Disease: 1, 2, 3, 4, 5, ES
6. Tobacco Use:\_\_\_ PPD\_\_\_ Former Thyroid: hypo, hyper CABG (Dialysis Y or N \_\_\_\_\_\_\_)
7. ETOH Use/Abuse/Hx GERD MI (old) Liver Failure
8. Drug Use/Abuse/Hx Arrhythmia:\_\_\_\_\_\_\_ PVD / PAD Other:
9. Tolerance Opioids/Anti-Depressant/Sedatives Osteoarthritis/Rheumatoid/Autoimmune
10. Obesity / BMI \_\_\_\_\_\_\_\_\_\_\_ Low Pain Thresholds/Suffers Severe Pain
11. Spasticity / Movement Disorder

**ANESTHETIC TYPE**: **ANESTHESIA POSITION:**

GENERAL MAC OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRONE SUPINE OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ABN Signed by Patient** - YES / NO **RATE**: \_\_\_\_\_\_

DIAGNOSIS (S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROCEDURE (PRIMARY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROCEDURE (SECONDARY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**START TIME \_\_\_\_\_\_\_\_\_\_\_** SURGERY START/END \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ **STOP TIME \_\_\_\_\_\_\_\_\_\_\_\_**

 **(Continuous with patient)**