

**New Jersey Surgery Center
PRE OPERATIVE INTERVIEW**

NAME: _____ **M or F** **Height** _____ **Weight** _____ **Age** _____

Procedure to be done _____

Emergency contact person and number _____

Person who will provide your transportation home _____

Phone number where we can reach you between 7am – 3pm _____

Please list **allergies** (with reactions) to food and/or medications or state NONE:

Do you have a latex allergy? Y/N If yes, please call us at 609-581-6230

PAST MEDICAL HISTORY: Have you ever been treated for any of the following:

___heart ___lungs ___liver ___kidney ___ulcers ___asthma ___arthritis
___blood pressure (high/low) ___diabetes (insulin Y/N) ___seizures ___stroke
___cancer ___thyroid ___bleeding disorder ___HIV/AIDS ___Hepatitis
___depression/anxiety ___GERD/reflux ___hiatal hernia

Please describe all yes answers: _____

Have you EVER been treated for sleep apnea or worn the CPAP machine at night? Y/N
If yes, please call us at 609-581-6230.

Please list all your daily medications including over the counter, vitamins and supplements:

PAST SURGICAL HISTORY: Please list all surgery (s) you have had: _____

Have you or a family member had any complications from anesthesia? Y/N

SOCIAL HISTORY:

Tobacco: No ___ Yes ___ How much? _____ How many years? ___ Quit?(when)_____

Alcohol use: ___ heavy ___ moderate ___ social ___ occasional ___ none

Recreational drug use? Y/N

Do you wear glasses/contacts? Y/N

Do have any dentures/loose teeth/caps/bridges/braces? Permanent_____ Removable _____

Females: Last menstrual period_____ Pregnant? Y/N

INSTRUCTIONS:

STOP for seven days before surgery (unless indicated otherwise by your physician):

Aspirin / Aspirin products Coumadin Plavix Aggrenox

STOP for three days before surgery (unless indicated otherwise by your physician):

NSAIDs Ibuprofen Motrin Celebrex Mobic
Naproxen Naporsyn Relafen Indomethacin Lodine
All vitamins/supplements

The night before surgery:

If you take long acting insulin in the evening (NPH, Lantus etc.) only take ½ **the dose!!!**

The morning of surgery:

Do **not** take any insulin or medication for diabetes, we will check your sugar here.

Take your morning dose of blood pressure, heart, or thyroid medicine with a small sip of water.

Nothing to eat or drink after midnight. This includes candy, mints and gum.

No drinking alcohol, smoking or illicit drug use 24 hours prior to surgery.

Leave all jewelry and valuables at home.

Please refrain from wearing perfume/cologne the morning of surgery.

Bring any equipment as ordered.

Please email, fax or mail this form to:

New Jersey Surgery Center
1225 Whitehorse-Mercerville Rd
Building D, Suite 209
Mercerville, NJ 08619
Attn: Pre Op Department

Fax: 609-585-0527
Phone: 609-581-6230
e-mails: dmann@fsamail.com
abrophy@fsamail.com