

SKR Preoperative Patient Questionnaire™

Patient Name: _____

Age: _____

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Do you currently take any of the following medications?			
a. Aspirin (Excedrin, Anacin, Bufferin, Alka-Seltzer)	_____	_____	_____
b. Anticoagulants (blood-thinning medicine)	_____	_____	_____
c. Quinidine or diltiazem, verapamil, nifedipine, propranolol or Inderal (heart rhythm medicines)	_____	_____	_____
d. Diuretics (water pills)	_____	_____	_____
e. Antihypertensive drugs (blood pressure pills)	_____	_____	_____
f. Digitalis (heart pills)	_____	_____	_____
g. Immunosuppressive drugs (e.g., cyclosporine, cyclophosphamide, azathioprine, 6-mercaptopurine)	_____	_____	_____
h. Steroids (e.g., prednisone, prednisolone)	_____	_____	_____
2. Have you ever been treated for cancer with chemotherapy or radiation (x-ray) therapy?	_____	_____	_____
3. Do you currently have any problems with your:			
a. Liver (e.g., cirrhosis, hepatitis, yellow jaundice, malaria)	_____	_____	_____
b. Kidneys (e.g., stones, infection, failure, dialysis)	_____	_____	_____
c. Spleen	_____	_____	_____
d. Blood (e.g., anemia, leukemia, sickle cell disease)	_____	_____	_____
4. Have you or anyone in your family ever had a serious bleeding problem?	_____	_____	_____
5. Have you ever had prolonged or unusual bleeding from nosebleeds, tooth extractions, cuts or surgery (e.g., tonsillectomy, hernia, hysterectomy)?	_____	_____	_____
6. Do you bleed from your teeth or gums when you brush your teeth?	_____	_____	_____
7. Are your stools sometimes bloody or black and tarry?	_____	_____	_____
8. Have you vomited blood and material that looks like coffee grounds?	_____	_____	_____
9. Have you received a blood transfusion within the last 6 mo?	_____	_____	_____

Continued