



Children's  
of Alabama®

1940 Elmer J. Bissell Road  
Birmingham, Alabama 35243

**CHILDREN'S SOUTH  
SURGERY PREOP  
QUESTIONNAIRE**

Date of Surgery: \_\_\_\_\_ Child's Approximate Weight: \_\_\_\_\_  
Medications (prescribed, over the counter and herbal) taking at this time (drug, dosage and how often) \_\_\_\_\_

**\* It is extremely important that someone from our Anesthesia Department speak with you the day before surgery. Please list the numbers where you can be reached before 1:00 PM. Your Name:** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Beeper # \_\_\_\_\_

May we leave a detailed message at any of these numbers?  Yes  No

	No	Yes	Explain (You can write on the back of this page.)
Was your child premature?			How many weeks early was your child delivered?
Did they require further treatment due to prematurity? (e.g. hospital stay, oxygen)			
Does your child now experience any complications resulting from prematurity?			
Has your child had surgery before? Please list procedure, when it was performed and at what hospital.			
Has a blood relative had a serious complication (other than nausea) with anesthesia?			
Does any blood relative have muscular dystrophy or bleeding disorders?			
Are your child's immunizations up to date?			
Has your child been exposed to a contagious disease (Chicken Pox, Mumps, Measles, etc.) within the last three weeks?			
Has your child been exposed to or had a MRSA "staph" infection in the past 6 months?			
Does your child snore? Are there "pauses in breathing" when he/she snores?			Does it last 5-10 seconds or > 10 seconds?
Ever needed a nebulizer or inhaler?			When was the last time it was used and how often is it needed?
Has your child had croup, bronchitis, or pneumonia in the last 6 weeks?			
Has your child been prescribed steroids in the past 6 weeks?			
Has your child ever been hospitalized?			
Has your child ever been to the Emergency Department?			
<b>Does your child have any of the following?</b>			<b>If your child has seen a doctor for any of the conditions listed below, please list the doctor's name, last time seen, &amp; any follow up needed.</b>
Allergies (Drug, food, latex, environmental)			
Previous blood transfusion			
Bleeding problems or anemias			
Sickle Cell disease or trait			
Syndromes			<b>List type:</b>
Developmental delays			
Lung Problems (wheezing or asthma)			
Obstructive Sleep Apnea			Has a sleep study been performed? Results?
Congestion			Nasal or chest? For how long?
Heart murmur or defect			
Irregular heart beat			
Neurological problems (e.g. seizures, migraines, fainting)			
Muscle or bone problems			
Limitation of movement			
Stomach problems such as reflux or vomiting			



Children's  
of Alabama

**CHILDREN'S SOUTH  
SURGERY PREOP  
QUESTIONNAIRE  
CONTINUED**

<b>Continued:</b>	<b>No</b>	<b>Yes</b>	<b>Explain</b>
Thyroid problems			
Kidney problems			
Liver problems			
Loose teeth, braces, caps, crowns or permanent retainer			
Other than a pediatrician, has your child seen a specialist for any health concern?			
Other health concerns not mentioned here?			