

**Alberta Surgical Centre**  
**Outpatient Surgery, 202W, 14310-111 Avenue,**  
**Edmonton, Alberta T5M 3Z7**  
 Ph. 780-488-2724

**Pre-operative information sheet.**

Please complete this questionnaire and have your doctor complete the history and examination.

If you have any questions, please call us or discuss them with your doctor. Thank you.

**Please fax the completed form to your dentist's office, Fax # 780-441-1228  
 and bring the original with you when you bring your child for dental surgery.**

Name: \_\_\_\_\_ Birthdate: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_  
 Dentist: Dr. \_\_\_\_\_ Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Known anesthetic problems: Y / N Asthma: Y / N

<b>History</b>	<b>Examination</b> <span style="float: right;">No significant abnormality</span>
Chief complaint	Head and Neck <span style="float: right;"><input type="checkbox"/></span>
Proposed surgery	Heart / CVS <span style="float: right;"><input type="checkbox"/></span>
Past Illnesses and Operations	Lungs <span style="float: right;"><input type="checkbox"/></span>
Functional Inquiry	Abdomen <span style="float: right;"><input type="checkbox"/></span>
H&N	Musculoskeletal <span style="float: right;"><input type="checkbox"/></span>
CVS	Vital Signs: B.P. _____ H.R. _____ Resp. _____
Pulmonary	Overall General Condition & Diagnosis
Neuro/endocrine	Lab results – as indicated – EKG if over 55
Other Previous hepatitis Y / N Medication: Present or Recent <input type="checkbox"/> None <input type="checkbox"/>	
Allergies <span style="float: right;">None <input type="checkbox"/></span>	

Physician Signature: \_\_\_\_\_ Physician Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_