

**Patient Pre-Op Checklist**

Today's date: \_\_\_\_\_

Are you taking any of the following medications?

<b>Blood thinners:</b>	<b>Currently taking?</b>	<b>OR</b>	<b>Date Discontinued:</b>
Coumadin/Warfarin	Yes /No		_____
Heparin/Lovenox	Yes /No		_____
Eliquis/apixaban	Yes /No		_____
Xarelto/rivaroxaban	Yes /No		_____
Plavix/Clopidogrel	Yes /No		_____
Pradaxa/dabigatran	Yes /No		_____
Aspirin 325mg or 81mg	Yes /No		_____

<b>Immunosuppressants:</b>	<b>Currently taking?</b>	<b>OR</b>	<b>Date Discontinued:</b>
Humira	Yes /No		_____
Enbrel	Yes /No		_____
Remicade	Yes /No		_____

Do you have Lupus, Rheumatoid arthritis, Chron's, MS, or other autoimmune conditions?

If yes, what medications do you take for this condition? \_\_\_\_\_

Do you have Diabetes, heart conditions, sleep apnea, breathing disorders?

<b>OTC Supplements/Vitamins:</b>	<b>Currently taking?</b>	<b>OR</b>	<b>Date Discontinued:</b>
Ibuprofen/Advil/Aleve/Motrin	Yes /No		_____
Naproxen/Naprosyn	Yes /No		_____
Fish Oil/Omega 3/Krill Oil	Yes /No		_____
Tumeric	Yes /No		_____
Garlic/Ginko/Ginger	Yes /No		_____
Glucosamine/Chondroitin	Yes /No		_____

**Have you been on antibiotics in the past 30 days?** Yes/No      If yes, why? \_\_\_\_\_

**Do you currently have any fevers/chills/rashes or symptoms of illness?** \_\_\_\_\_

**Have you ever had complications with anesthesia?** Yes/No      What happened? \_\_\_\_\_