

## Pre-Surgical Interview Worksheet

Please have the following information available for your scheduled phone interview with the nurse:

**Name of Medications You are Currently Taking:** *(including all over the counter and herbal supplements)*

Name of Medication	Dosage	Times Taken
1		
2		
3		
4		
5		
6		
7		

**List of Past Procedures That Required Anesthesia:**

Procedure	Anesthesia Type	Location	Date
1			
2			
3			
4			

**List of Doctors (Primary Care and Specialists):**

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