

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):
