

Pre-surgery Patient Intake Questionnaire

The **pre-surgery patient intake questionnaire** streamlines the collection of vital medical information, ensuring hospitals optimize patient care and safety. This form helps medical staff identify potential risks and tailor surgical plans accordingly. Efficient completion of the questionnaire improves communication between patients and healthcare providers, enhancing overall surgical outcomes.

Patient Information

Full Name

Date of Birth

Gender

 Select ▾

Contact Number

Email Address

Medical History

Do you have any allergies? (medications, food, latex, etc.)

List all current medications (include dosage)

Do you have any chronic conditions? (diabetes, heart disease, etc.)

Have you had prior surgeries? Please describe

Any history of problems with anesthesia?

 Select ▾

If yes, describe anesthesia issues

Do you currently smoke?

 Select ▾

Alcohol consumption frequency

 Select ▾

Surgery Details

Scheduled Surgery Date

Procedure Name/Type

Any questions or concerns about your surgery?

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