## SOUTH SHORE ORAL SURGERY ASSOCIATES, P.C.

STEVEN J. VERVENIOTIS, DDS RICHARD M. MIRRA, DDS

### ANESTHESIA QUESTIONNAIRE

**Patient Name:**_____

**Height:**_____ **Weight:**_____

**Age:**_____

**Have you ever had general anesthesia before?**_____ **If so, when?**_____

**For what reason?**_____

**Did you experience any negative reaction?**_____ **If yes, describe**_____

_____

**Are you accompanied by someone to drive you home?**_____ **If not, whom may we call?**_____

**Phone number:**_____

**When did you last eat or drink anything?**_____

**Do you smoke?**_____ **If yes, how much?**_____

**Who is your regular physician?**_____ **Phone number**_____

**Are you currently taking ANY medications, prescribed or otherwise?**_____ **If yes, please list below.**

_____

_____

**Patient Signature:**_____ **Date:**_____