Providence Care

PERSONAL HEALTH INFORMATION

PRE - ESKETAMINE SCREENING ASSESSMENT

		YES	NO	DETAILS
HEART	Chest pain or angina (frequency, severity)			
	Heart attack/coronary stent (when? intervention?)			
	Stroke/transient ischemic attack			
	High blood pressure, or take medication for high BP			
	Irregular pulse/palpitations			
	Heart murmur/rheumatic fever			
	Pacemaker/Implantable Cardioverter Defibrillator (ICD)			
	Heart failure			
	Difficulty climbing one flight of stairs			
	Blood clot legs or lungs			
LUNG	Shortness of breath with: ☐ Normal activity ☐ At rest			
	Productive cough			
	Asthma/bronchitis/emphysema (COPD)/reactive airways disease (severity – hospitalizations? ER visits?)			
	Pneumonia/tuberculosis			
	Smoke tobacco? Amount:			
	Symptoms of sleep apnea (snoring, witnessed apneas, morning headaches, unrefreshing sleep)			
	Diagnosed sleep apnea ☐ Oral appliance ☐ CPAP (compliant?)			
	Oxygen use			
RENAL/GI	Kidney problems/dialysis/transplant			
	Heartburn/hiatus hernia acid reflux (severity)			
	Easily nauseated/motion sickness			
	Hepatitis/jaundice/liver disease			
OTHER	Diabetes ☐ Insulin ☐ Pills ☐ Diet Blood sugar range: _____			
	Thyroid problems			
	Pituitary or adrenal disease			
	Arthritis ☐ Rheumatoid arthritis ☐ Osteoarthritis			
	Disease of nerves and muscles			
	Seizures			
	Glaucoma			
	Cancer ☐ Chemotherapy ☐ Radiation			
	Anemia/bleeding disorders			
	Possibility of pregnancy at this time?			
	Drug Resistant Infection ☐ MRSA			
	HIV/AIDS			
	Recreational drug use (what? how much?)			
	Alcohol use (how much _____)			
PREVIOUS OPERATIONS	List previous operations:			

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	Medication name (use generic names if possible)	Dose	Route	Frequency/Comments	Patient to take morning of treatment with sips of water	Patient to hold PM dose night prior to treatment	Patient to hold AM dose morning of treatment
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Allergies/adverse reactions ☐ None known	Symptoms	Allergies/adverse reactions	Symptoms
1.		4.	
2.		5.	
3.		6.	