PROSTATE LASER CENTER
A HALŌ DIAGNOSTICS COMPANY

6624 Fannin Street, Suite 2580
Houston, TX 77030
Phone: (844) MENS-MRI
Fax: (844) 308-5101
www.ProstateLaserCenter.com

General Anesthesia Screening Form

Name: _____ DOB: _____Ht:_____Wt:_____

Address: _____City: _____ State: ____ Zip Code: _____

Telephone Number: _____ Email: _____

Please answer each of the questions below:

	Yes	No
History of difficult airway?		
History of coronary artery disease/angina/myocardial infarction?		
History of COPD/oxygen dependency?		
History of end stage renal disease (ESRD)/dialysis?		
Implanted pacemaker/defibrillator?		
Uncontrolled diabetes (blood sugar over 300)		
Uncontrolled hypertension (blood pressure over 180/100)?		
What is your BMI (body mass index)?		

Signature of Patient: _____

Date completed: _____