

Emi Hosoda, MD  
2820 Griffin Avenue, Suite 204  
Enumclaw, WA 98022  
Tel: (360) 802-0803  
Fax: (360) 802-0806

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Surgery: \_\_\_\_\_

Please complete the following questionnaire.

- 1) Do you feel well?  Yes  No
- 2) Have you ever had a serious illness in the past?  Yes  No
- 3) Have you ever had short-of-breath on exertion than other people your age?  Yes  No
- 4) Do you have any coughing?  Yes  No
- 5) Do you have any wheezing?  Yes  No
- 6) Do you ever have chest pain when you exert yourself?  Yes  No
- 7) Do you have any ankle swelling?  Yes  No
- 8) Have you taken any medications or pills in the last 3 months?  Yes  No
- 9) Have you had more than two alcoholic drinks per day in the last 3 months?  Yes  No
- 10) Do you have any allergies to foods or medications?  Yes  No
- 11) Have you or any family members had any complications with anesthetics?  Yes  No
- 12) Have you ever had a blood clot in your arms or legs?  Yes  No
- 13) Have you had menstrual irregularities (women only)?  Yes  No