

NovaMed Surgery Center of Chicago Northshore



Please complete the following information prior to surgery and bring with you the day of surgery.

PATIENT NAME:

HEIGHT:

WEIGHT:

ALLERGIES AND REACTION TO EACH ALLERGY:

PREVIOUS SURGERY IN THE PAST (EVERYTHING):

MEDICAL HISTORY (include any surgery and/or procedures where you received anesthesia):

MEDICATION(S) including name, dose, how often you take the medication and why they are taking the medication: