

Name:

birth:

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Family history:

Personal history:

Medication:

Allergies:

Previous anaesthesia: ( GA: LA: complications)

Transfusion: (YES,NO, reaction )

**Subjective:**

**Objective:**

Airway: MP , neck mobility, mouth opening

Breathing:

Circulation:

Laboratories:

Other:

**RESUME:** The patient is capable of surgery under general or regional anaesthesia. ASA ....