

The Waverly Lake Surgery Center

Health History Update

No update is needed for histories completed within 6 months. Please update for health histories completed within the last 6-12 months. In order to maintain patient safety, WLSC requires a newly completed health history for any information submitted more than 12 months ago.

Name: _____ DOB: _____ Date: _____

HT: _____ WT: _____ Covid Vaccinated: Y / N

Allergies:

Medications:

Hx of anesthesia complications? Y / N Self / Family

Please explain: _____

Changes to medical status/ new diagnosis?

Heart attack within last 6 months? Y / N

Seizure within last 6 months? Y / N

ER visit within last 3 months? Y / N Reason: _____

Hospitalization within last 3 months? Y / N Reason: _____

Current MRSA/ VRE Y / N

Recent Covid exposure Y / N

ANY infection/ illness in last 2 weeks? Y / N

Explain: _____

Patient signature: _____

