



Name _____

DOB _____

Pre-Surgery Questionnaire

1. Weight _____
2. Height _____
3. Preferred surgery dates _____
4. If an opening comes available before your scheduled date would you be able to move your date up? Yes No
5. Primary Care Physicians Full Name _____
6. Primary Care Physicians Telephone Number _____
7. Cardiologist Full Name _____
8. Cardiologist Telephone Number _____
9. Nephrologist Full Name _____
10. Nephrologist Telephone Number _____
11. Pulmonologist Full Name _____
12. Pulmonologist Telephone Number _____
13. Hematologist or Vascular Surgeon Full Name _____
14. Hematologist or Vascular Surgeon Telephone Number _____

