

PRE-OP TRANSFUSION SERVICES QUESTIONNAIRE

PATIENT ID

1. Have you been pregnant within the past 3 months? **YES** **NO** **N/A**
2. Have you received a blood transfusion within the past 3 months? **YES** **NO**
3. Date of surgery: _____

Patient Signature: _____ Date: _____

PRE-OP TRANSFUSION SERVICES QUESTIONNAIRE

PATIENT ID

1. Have you been pregnant within the past 3 months? **YES** **NO** **N/A**
2. Have you received a blood transfusion within the past 3 months? **YES** **NO**
3. Date of surgery: _____

Patient Signature: _____ Date: _____

PRE-OP TRANSFUSION SERVICES QUESTIONNAIRE

PATIENT ID

1. Have you been pregnant within the past 3 months? **YES** **NO** **N/A**
2. Have you received a blood transfusion within the past 3 months? **YES** **NO**
3. Date of surgery: _____

Patient Signature: _____ Date: _____