

ANAESTHESIA QUESTIONNAIRE



Surname and first name

Date of birth

Address

Height Weight

1. Have you had medical treatment in the last 2 years?

A. For what disease?

B. Are you taking medication? If so what kind? Please enter (name of medication, how long) .
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2. Have you ever been operated on, when and for what reason?

.....

3. Were any special reactions observed during anaesthesia?

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4. Have you ever received a blood transfusion?

5. Were there any complications with it?

6. Heart diseases (have you had a heart attack, myocarditis in the past, do you have a congenital heart defect)

7. Cardiovascular diseases (do you suffer from hypertension, shortness of breath, fainting?) ...

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8. Vascular diseases (have you had superficial or deep phlebitis in the past, do you have calf pains, intermittent claudication?)

9. Lung diseases (have you had pneumonia, tuberculosis, emphysema in the past?)

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10. Respiratory diseases (do you suffer from or have had asthma, chronic bronchitis?)

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11. Liver diseases (have you had hepatitis, jaundice, cholestasis, fatty liver in the past?)

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12. Kidney diseases (have you had kidney stones, nephritis, urinary tract infection in the past?)

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13. Metabolic diseases (do you suffer from diabetes, gout?)
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14. Thyroid diseases (do you suffer from hyperthyroidism, hypothyroidism, thyroid cancer?)
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15. Eye diseases (do you suffer from glaucoma?)
16. Neurological diseases (have you had a stroke, do you have paresis, paralysis of the upper, lower and hemi limbs, do you suffer from epilepsy?)
17. Diseases of the osteoarticular system and the muscular system
18. Diseases of the blood and the coagulation system (do you suffer from hemophilia or other blood diseases, do you have increased tendency for bruising, bleeding?)
19. Allergies (do you suffer from allergies? Are you allergic to medications, if so, which, food, disinfectants, others?)
20. Toothing (do you wear dentures?)
21. Addictions (smoking, alcohol, drugs, sedatives, others) – which, how long?

I consent to general anaesthesia and any necessary anaesthetic action.

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Opole, date

.....
Patient's signature

Anaesthesiologist's comments:

Type of anaesthesia:

Medications given during anaesthesia:

Duration of anaesthesia fromto

RR..... Pulse..... General conditio

.....
Opole, date

.....
Patient's signature