



PRE-OPERATIVE QUESTIONNAIRE FOR ADULTS
ANAESTHETICS DEPARTMENT

Please complete this questionnaire as accurately as possible and present it to the charge nurse or nurse of your department on admission. This information will help us to provide you with the best possible care before and during your operation, adapted to your health condition. If you are unable to answer these questions in writing yourself, the persons accompanying you will be asked to do this for you.

Please bring the following documents and information on the day of admission

- Identity card
- SIS card and details of your health insurance fund
- Card giving blood group and allergies if available
 - This completed questionnaire
- Any medication you are currently taking

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|---|
| FAMILY NAME..... FIRST NAME..... DATE OF BIRTH..... HEIGHTcm WEIGHTkg BLOOD GROUP GP |
| SCHEDULED OPERATION..... SURGEON |

ARE YOU ALLERGIC TO LATEX (f.e. rubber gloves)? YES / NO

If "yes", please tell your physician!

Have you ever had an operation under local or general anaesthetic? YES NO
 If "yes", please indicate the year of the operations and what the operations were for:

In For.....

In For

In For

In For

When did you last have surgery in our hospital? In:.....

Have any members of your family ever had problems with anaesthetics? YES NO
 If "yes", please give details:.....

.....

Have you had an unusual reaction in the past to an anaesthetic? YES NO

If "yes", please give a detailed description of this reaction:

.....

Do you have a heart disease or do you ever get chest pain? YES NO

If "yes", please give details:

.....

Do you suffer from high or low blood pressure? YES NO

What is your average blood pressure?/.....

Do you get breathless quickly or do you get chest pain when you exert yourself? YES NO

Do you ever have swollen feet and legs in the evening? YES NO

Do you have varicose veins? YES NO

Have you ever had phlebitis? YES NO

If "yes", please indicate the year when you had it.....

Do you suffer from any breathing disorders, asthma or chronic bronchitis? YES NO

If "yes", please give details:

.....

Are you being treated for diabetes? YES NO

If "yes", please state what medication you use:

.....

Do you use insulin? YES NO

Please give name/type, dosage and, if possible, the times you take it:

.....

Are you currently receiving treatment for a nervous disorder? YES NO

If "yes", please give details:

.....

Are you currently receiving treatment for an eye disorder? YES NO

If "yes", please give details

.....

Have you had the flu recently (over the last month)? YES NO

Have you recently had a cold? YES NO

The following question is for women under the age of 50 only.

When did you have your last period?/...../.....

Do you suffer from any other disease or disorder not mentioned here? YES NO

If "yes", please give details:

.....

Do you take any medicines? YES NO
If "yes", please state name, dosage and, if possible, the times you take these medicines:

.....
.....
.....
.....

Do you smoke? YES NO
If "yes", how many cigarettes a day? a day

Do you drink alcohol? YES NO
If "yes", how many units a day?

Do you take illicit drugs? YES NO

Do you suffer from prolonged bleeding after an injury or dental extraction? YES NO

Have you ever received a blood transfusion? YES NO
If "yes", please state why and when this was:

.....
.....

Have you ever had any adverse reaction to a blood transfusion? YES NO
If you have had such an adverse reaction, please give details:

.....

Do you have dentures or loose teeth? YES NO
Do you wear contact lenses? YES NO
Do you wear a hearing aid? YES NO
Have you ever had a prosthesis or implant fitted? YES NO

Do you have difficulty making certain movements, which are not related to the operation? YES NO

If "yes", please give details:
.....

Are you allergic to any medicines? YES NO
If "yes", please give details:

.....

Are you allergic to any fruit/vegetables such as bananas, kiwi fruit, avocados, tropical fruit, tomatoes, etc... YES NO

Are you allergic to plasters or to certain disinfectants? YES NO
If so, please give details:

.....

If you want to make any additional comments or provide any additional information, please use the space below:

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Stop taking Aspirin days before your operation and stop taking Ticlid, Plavix and similar medicines days before your operation and in consultation with your physician.

Stop eating, drinking and smoking 6 hours before the operation.

This questionnaire was completed by

- the patient
- the GP
- the consultant
- the patient with the assistance of a nurse

If you wish to talk to an anaesthetist in advance, you can contact the secretary of

The PAIN CLINIC of the AZ Sint-Lucas, in Gent at
09/232 00 32.