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Your answers to the following questions will enable the anaesthetist to plan your anaesthetic.

Please answer by ticking the appropriate boxes.

If you want to provide any extra information, please do so in the space next to the question or at the end of the form.

Operation for which an anaesthetic is required?			
Proposed date of surgery?			
Surgeon?			
Weight Height			
QUESTIONS	YES	NO	COMMENTS
Have you, or your family ever had trouble with anaesthetics?			
Any allergies (drugs, plasters, lotions, foods, latex etc)?			
MEDICAL HISTORY			
HEART			
Do you have a history of			
Heart attack			
Angina /chest pain			
Palpitations /irregular heartbeat			
Shortness of breath on simple exercise			
Swollen ankles			
Rheumatic fever			
High blood pressure			
High cholesterol			
Heart surgery			
Do you have a pacemaker?			
LUNGS			
Do you have a history of			
Breathing problems			
Asthma or emphysema			
Recent lung infection, flu or cold			
Coughing			
Lung problems requiring hospitalisation in the past?			



QUESTIONS	YES	NO	COMMENTS
ABILITY TO WALK			
Does a disability impair your ability to walk or mobilise?			
Can you walk			
Around the house?			
Up half a flight of stairs?			
Up one flight of stairs?			
Up two flights of stairs?			
Up more than two flights of stairs?			
SOCIAL			
Do you use alcohol regularly, if YES, how much a day?			
GENERAL Do you have a history of			
Bleeding disorders (you or your family)			
Blood clots in your legs or lungs			
Diabetes			
Thyroid problems			
Hepatatis, jaundice, liver problems			
Kidney problems			
Epilepsy or fits			
Stroke or do you have 'blackouts' or dizzy spells			
Problems with your spine			
Muscular problems, like muscular dystrophy or myasthenia gravis			
Hiatus hernia or acid reflex			
Malignant hyperthermia in your family			
If you are a female, are you or could you be pregnant?			
Do you have any other medical problems not listed above?			
Have you ever had Methicillin Resistant Staphylococcus Aureus (MRSA)?			
Have you been a patient in any hospital within the last six months? (NZ or overseas)			Where? Why



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SURGICAL HISTORY	YES	NO	COMMENTS				
Have you ever had a blood transfusion?							
Do you have any surgical implants							
Please list any previous operations							
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SMOKING STATUS			_				
Never smoker Current smoker		Qui	t less than 12 months				
Quit longer than 12 months Smoke	efree a	areas:	Home Car				
If you smoke a) Do you smoke within 30 minutes	s of wa	aking	YES	NO			
b) How many cigarettes /rollies / pipes do you smoke per day							
If you quit smoking within 12 months							
a) How many weeks have you been	n smc	kefre	e				
b) Are you using nicotine replacement product			s YES	NO			
Do you require a) Referral to quit coach			YES	NO			
b) Nicotine replacement pro	ducts		YES	NO			
MEDICATION							
Please list all medication that you take (as per the bottle /packet instructions)							



QUESTIONS	YES	NO	COMMENTS		
MEDICATION (continued)					
In the past, have you ever taken					
Steroids					
Blood thinning drugs, e.g. warfarin, aspirin					
Strong painkillers, or opiates					
Herbal therapy					
PERSONAL INFORMATION					
Are you independent with self cares?					
Do you live alone?					
Do you have anyone dependant on your care?					
Have you made arrangements for them to be cared for?					
Do you have someone to drive you to the hospital and to take you home?					
Do you have someone to stay with you after discharge for 24 hours following a general anaesthetic?					
IF YOU NEED TO, YOU CAN USE THIS SPACE TO PROVIDE MORE INFORMATION					
DO YOU HAVE ANY QUESTIONS ABOUT THE ANAES	STHET	IC TH	AT VOLUMOUIL DI IKE TO ASK US ABOUT?		
DO TOUTIAVE ANT QUESTIONS ABOUT THE ANALO	SIIILI	10 1117	AT TOO WOOLD LIKE TO ASK OS ABOUT!		
Please sign here					
Please print your name here					
Date			nformation is collected in accordance with		
		0 11	The Privacy Act 1994.		