

Patient Label

MEDICAL /ANAESTHETIC QUESTIONNAIRE

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?			

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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			
Hepatitis, 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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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 ANAESTHETIC THAT YOU WOULD LIKE TO ASK US ABOUT?

Please sign here _____

Please print your name here _____

Date _____

This information is collected in accordance with
The Privacy Act 1994.