

## PRE-OPERATIVE ANAESTHETIC QUESTIONNAIRE

The anaesthesiologist's job is to anaesthetise the patient to enable the surgical procedure to be carried out painlessly. The anaesthesiologist ensures that the operation is painless by using general anaesthesia or regional anaesthesia, causing painlessness only to the part of the body operated on. During the operation, the anaesthesiologist ensures the patient's safety and, after the operation, provides treatment to ensure painlessness.

Certain operations can be performed under general anaesthesia and others under regional anaesthesia. Both types of anaesthesia can cause complications, which your anaesthesiologist will inform you about during your pre-operative visit.

In order to reduce the risk of complications, you must fill in the questionnaire received before the operation; based on the information collected, the anaesthesiologist will choose the most favourable type of anaesthesia. When speaking with the anaesthesiologist, please sign the consent for the selected anaesthesia type.

Last name	First name	
Date of birth	Height	Weight
Occupation		
Address		
<b>DIAGNOSIS / PROCEDURE:</b>		

Have you been undergoing treatment recently?       YES     NO     I DON'T KNOW

If yes, what was the medical condition?

.....

What medications are you currently taking?

.....

Have you already been operated on before?

a. .... in the year year.....

b. .... in the year year.....

c. .... in the year year.....

d. .... in the year year.....

Did you tolerate the anaesthetic well?       YES     NO     I DON'T KNOW

Have you ever had blood transfusion?       YES     NO     I DON'T KNOW

Heart diseases (myocardial infarction, inflammation, defect, myocardial ischaemia)       YES     NO     I DON'T KNOW

Heart diseases (myocardial infarction, inflammation, defect, myocardial ischaemia)       YES     NO     I DON'T KNOW

Circulatory disorders (high, low blood pressure, syncope, fatigue, dyspnoea)       YES     NO     I DON'T KNOW

Vascular diseases (varicose veins, pain in the calves when walking, poor blood circulation in the limbs, phlebitis)       YES     NO     I DON'T KNOW

Pulmonary diseases (tuberculosis, pneumonia, emphysema, coniosis)       YES     NO     I DON'T KNOW

Respiratory tract diseases (asthma, chronic bronchitis)       YES     NO     I DON'T KNOW

- Gastric diseases (gastritis, ulcer disease)  YES  NO  I DON'T KNOW
- Liver disease (jaundice, steatosis)  YES  NO  I DON'T KNOW
- Urinary tract diseases (nephritis, kidney stones, difficulty urinating)  YES  NO  I DON'T KNOW
- Metabolic diseases (diabetes, gout)  YES  NO  I DON'T KNOW
- Thyroid diseases (nontoxic goiter, hyperthyroidism, hypothyroidism)  YES  NO  I DON'T KNOW
- Eye diseases (glaucoma)  YES  NO  I DON'T KNOW
- Nervous system diseases (palsies, convulsions, infarct)  YES  NO  I DON'T KNOW
- Mood swings (depression, neuroses)  YES  NO  I DON'T KNOW
- Diseases of the skeletal system (root pain, spinal, joint lesions, muscle weakness)  YES  NO  I DON'T KNOW
- Blood and coagulation system disorders (susceptibility to bleeding, bruising)  YES  NO  I DON'T KNOW
- Allergies (hay fever, rash, allergy to foods, drugs, patches, iodine)  YES  NO  I DON'T KNOW

Other medical conditions not listed above. What kind of threats?  
 .....

Are you pregnant?  YES  NO  I DON'T KNOW

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

Do you wear dentures or contact lenses?  YES  NO

Do you smoke cigarettes?  
 a. If yes, how many?  
 .....  
 b. When did you stop?  
 .....

Do you drink alcohol?  YES  RARELY  A LITTLE  REGULARLY  A LOT REGULARLY

Do you use tranquillisers or hypnotics?  YES  NO  I DON'T KNOW

What kind of threats?.....

**On the day of the surgery, the patient is fasting  YES  NO He/she has not eaten or drunk for ..... hours.**

**PATIENT'S STATEMENT**

The doctor ..... had a conversation with me today explaining the issue of anaesthesia for the surgery. During this conversation, I was able to ask about any issues I was interested in regarding the type of anaesthesia, the risks involved and other pre- and post-operative circumstances.

**CONSENT TO ANAESTHESIA**

I hereby consent to general/regional anaesthesia for ..... as well as the accompanying procedure (infusion, transfusion, circulatory treatment, respiratory treatment) during and after the surgery. I agree with the medical modification or extension of anaesthetic management in this type of anaesthesia.

Doctor's signature:  
 .....

Doctor's signature:  
 .....

Doctor's notes:  
 .....  
 .....  
 .....  
 .....