

Preoperative adult questionnaire

Surname:

This questionnaire has been drawn up in order to assess your general health before you are admitted for planned surgery, an examination or treatment. This information is strictly <u>private</u> and contributes towards the necessary preoperative examination. After having checked your medical notes, the anaesthetist may want to see you personally and review this questionnaire together with you. Please **circle the correct answer.**

	ame: of birth:					
Hos	tal no:					
I. P	sonal details: age: years weight: kg length: cm					
2.	Operation, examination or treatment planned: Date of operation, examination or treatment: / / Name of operation, examination or treatment:					
	right/left* s an admission via the outpatient clinic planned: f no, is the admission planned the day before* or on the morning of the operation*					
3.	Are you allergic to: If so, which reaction?					
	Plants, pollen or house mites yes no*					
	Antibiotics yes no* which					
	Contrast material yes no*					
	atex/rubber yes no*					
	Disinfectants yes no* which					
	njectable anaesthetics used by the dentist yes no* which					
	Medication yes no* which Dther which					
	Julei Willett	_				
4.	Personal habits					
	Do you smoke? yes no* If so, how many? /day, during years					
	Have you stopped smoking? yes no* If so, during days, months,years Do you drink alcohol? yes no* If so, glasses/day glasses/week					
	Other substance abuse? yes no* If so, which? Frequency?					
The use of other substances can have serious consequences during anaesthesia and threaten your life. To provide the best care the anaesthetist must be aware of any substance abuse.						
5.	Are there any congenital diseases/anomalies in your relatives? yes no*					
	If so, which?					
		_				
6.	Are you currently being treated by your GP/consultant for any illness (excluding perations)? If so, which?					
	Do you suffer from travel sickness? yes no*					
7.	Are you suffering from an infectious disease? yes no* If so, which?					

^{*} Please circle the correct answer

8.	Are you diabetic?			yes	no*
9.	Only for female patients Is it possible that you could be pregnant? Are you pregnant?			yes yes	no* no*
	Do you loose a lot of blood during your periods?			yes	no*
10.	Have you previously been operated on? If so, when, which operation(s) and in which hospital(s)?			•	no*
		• • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
	Were there any problems during these operation(s)? If so, which?			,	no*
			• • • • • • • •		
		•••••	•••••		
11.	Have any of your direct relatives had problems during an ope If so, which?	• • • • • •			
12.	Do you have				
12.	False teeth? yes no* where? upper? lower? both? .				
	Implanted teeth? yes no* where? which ones?				
	Loose teeth? yes no* where? which ones? Contact lenses? yes no*	• • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••
	Contact lenses? yes no* A hearing aid? yes no*				
	Piercings? yes no* Please remove piercings at ho	me b	efore	your admissi	ion!!
	False nails? yes no* Please remove false nails at ho	ome	before	your admiss	sion!!
13.	Problems with your neck and mouth				
	Is your mouth opening normal? (Normal mouth opening is when you o	can p	lace 2	-	
	mouth) Can you move your head easily in every direction			yes	no*
	(e.g. forwards, backwards, sideways)?			yes	no*
14.	Lung and respiration problems				
	Do you wheeze?			yes	no*
	If so, when?	• • • • • • • • • • • • • • • • • • • •			
	Do you have asthma or hay fever? Are you currently being treated or have you been treated for a lung pi	roble	m?	-	no* no*
	If so, which treatment?				
15.	Heart problems				
			no*		
		-	no*		• • • • • • • • • • • • • • • • • • • •
	•	•	no* no*		
	Are you being treated or have you been treated for a heart problem?	yes	no*	which?	••••••
	Can you do light house work?		no*		
		-	no*		lems?
	,	yes	no*		lems?
	Can you do some exercise (e.g. cycle 5 km of cycling, walk 10 km, recreative sports,)?	VP¢	no*	which prob	lems?
	Your normal blood pressure is / (taken by a physician	•		•	

Neurological problems		
Have you ever lost consciousness?	yes	no*
Have you ever been paralysed?	yes	
Do you suffer from epilepsy?	yes	no*
Do you feel tickling or tingling in your hand and feet?	yes	no*
Have you ever been treated for a nerve problem?	yes	no*
General mobility		
•	yes	no*
Do you suffer from low back pain?	yes	
If so, does the pain radiate to your legs?	yes	no*
Do you have pain in your neck?	yes	
If so, does the pain radiate to your shoulder(s) or arm(s)?	yes	no*
Diseases of the liver and galbladder		
Have you ever had jaundice?	yes	no*
Have you ever had problems with your galbladder?	yes	no*
Diseases of the kidney and the urinary tract		
Are you receiving kidney dialysis?	yes	
·	yes	no*
If so, which?		•••••
Problems with the digestive system		
Are you having problems when swallowing?	yes	no*
Do you have heartburn?	yes	no*
Do you suffer from nausea or vomiting?	yes	no*
Problems with blood clotting		
Do you take any medication to thin your blood?	yes	no*
Do you bruise easily without reason?	yes	
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Have you ever had to consult your physician for a nose bleed?	yes	
Do your gums bleed easily?	yes	
Problems with the blood vessels	yes	no*
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25.	Is there anything else you wish to tell us in confidence. If so, please describe:;;;;;;;;;;;;;;;;;	yes no*					
	11 30, preuse describe.						
26.	campus on telephone number +32 16 34 48 13. Outside office hours and by fax on a 21 or email: Raadpleging.Anesthesie@uzleuven.be.	can contact us between 9.00 and 17.00 hrs at the anaesthetic preoperative clinic on the Gasthuisberg ous on telephone number +32 16 34 48 13. Outside office hours and by fax on number +32 16 34 48 r email: Raadpleging.Anesthesie@uzleuven.be. anaesthetic preoperative clinic on the Pellenberg campus can be reached on telephone number 16 33 81 50. Outside office hours and by fax on number +32 16 33 82 72 or email:					
27.	Do you wish to speak personally to the anaesthetist?	yes no*					
_							
 Should you become ill shortly before the planned operation (e.g. common cold), please contact an anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13 (between 8.00 and 18.00 hrs). Outside these hours on telephone number +32 16 34 07 81. If there are major changes in your health condition before the operation, it is mandatory to contact an 							
n	naesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on the same telephone numbers as mentioned above.						
	fter midnight you may not eat anything, but a small amount (half a glass) of plain water is allowed until 6.00 m. Please comply strictly with these instructions.						
	n case of any doubt, you can always ask. The anaesthetist will inform you until which tir Irink before the operation. Please comply strictly with these instructions.	ne you may eat or					
• B	Bring all your medication to the hospital on the day of admission.						
• If	f you have a blood group card, please bring it with you and give it to the nurses on the	ward.					
I have read and understood all the questions of this questionnaire. I hereby declare having carefully and truthfully answered all questions. In case the surgery/examination should take place in the outpatient clinic, I hereby confirm that I have thoroughly read the guidelines that apply to an outpatient hospitalization, and that I have received all the necessary information. I hereby declare that I will strictly comply with all preoperative (as mentioned above) and postoperative guidelines.							
Date	Date / (dd/mm/yyyy) by						

Signature