



Preoperative adult questionnaire

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 **private** 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**.

Surname:
First name:
Date of birth:
Hospital no:

1. Personal 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*							
Is an admission via the outpatient clinic planned: yes/no*							
If no, is the admission planned the day before* or on the morning of the operation*							
3. Are you allergic to:							
Plants, pollen or house mites				yes no*		If so, which reaction?	
Antibiotics				yes no*		which	
Contrast material				yes no*		
Plasters				yes no*		which	
Latex/rubber				yes no*		
Disinfectants				yes no*		which	
Injectable anaesthetics used by the dentist				yes no*		which	
Medication				yes no*		which	
Other				yes no*		which	
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?							
If so, which?							
.....							
6. Are you currently being treated by your GP/consultant for any illness (excluding operations)?							
If so, which?							
.....							
Do you suffer from travel sickness? yes no*							
7. Are you suffering from an infectious disease?							
If so, which?							

* Please circle the correct answer

25. Is there anything else you wish to tell us in confidence. yes no*
 If so, please describe:

26. Where can you be reached if we need any more information?
 Telephone number: / or /
 Email: @
 You can contact us between 9.00 and 17.00 hrs at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13. Outside office hours and by fax on number +32 16 34 48 21 or email: Raadpleging.Anesthesie@uzleuven.be.
 The anaesthetic preoperative clinic on the Pellenberg campus can be reached on telephone number +32 16 33 81 50. Outside office hours and by fax on number +32 16 33 82 72 or email: raadpleging.anesthesie.pellenberg@uzleuven.be

27. Do you wish to speak personally to the anaesthetist? yes no*

- Caution:**
- 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 anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on the same telephone numbers as mentioned above.
 - After midnight you may not eat anything, but a small amount (half a glass) of plain water is allowed until 6.00 a.m. Please comply strictly with these instructions.
 - In case of any doubt, you can always ask. The anaesthetist will inform you until which time you may eat or drink before the operation. Please comply strictly with these instructions.
 - Bring all your medication to the hospital on the day of admission.
 - If 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 / / (dd/mm/yyyy) by (name)

Signature

* Please circle the correct answer