

**ANAESTHESIOLOGY – QUESTIONNAIRE**

**Surname, name :** ..... **birth certificate No.:** .....

**Age:** ..... **Height:** ..... **Body weight:** .....

Please, circle the correct answers

- 1. Have you ever undergone a surgery? yes no
- 2. Have you had any complications in anaesthesia? yes no
- 3. Do you regularly visit a physician - specialist? yes no  
What specialist? (cardiologist, pulmonologist, ENT physician...) .....
- 4. Do you regularly use any medication? yes no  
What medications? Please state:  
.....
- 5. Have you got any allergies? yes no  
What medications? Please state: .....
- 6. Do you often suffer from minor bleeding or bruises? yes no
- 7. Are you treated for a heart disease (infarction, cardiac valve, angina pectoris)? yes no
- 8. Have you got a high blood pressure? yes no
- 9. Do you suffer from dyspnoea? yes no
- 10. Are you treated for lungs or bronchi disease? yes no
- 11. Are you treated for diabetes? yes no
- 12. Are you treated for thyroid gland disorder? yes no
- 13. Are you treated for kidney disorder? yes no
- 14. Have you suffered from hepatitis? yes no
- 15. Are you treated for a liver disorder? yes no
- 16. Do you have varicose veins in your legs? yes no
- 17. Have you ever suffered from phlebitis (inflammation of veins)? yes no
- 18. Have you suffered a stroke? yes no
- 19. Are you treated for a neurological disease? yes no
- 20. Are you treated for spinal problems? yes no
- 21. Are you treated by a psychiatrist? (depressions, ...) yes no
- 22. Are you treated for cancer? yes no
- 23. Are you treated for an eye disease? (cataract, glaucoma) yes no
- 24. Have you ever had a blood transfusion? yes no
- 25. Has any of your relatives suffered a complication in anaesthesia? yes no
- 26. Do you smoke? Number of cigarettes per day ..... yes no
- 27. Do you regularly consume alcohol? yes no
- 28. Do you use dental prostheses? yes no
- 29. For women: Are you pregnant? Week? ..... yes no
- 30. For women: Do you use contraception? yes no

**I affix my signature to confirm accuracy of the information indicated above**

.....  
(date)

.....  
(signature)