**PRE-ANAESTHETIC QUESTIONNAIRE**

Please complete this form and return to **Moreton Bay Anaesthesia** as soon as possible

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name |  | Date of Birth |  |
| Address |  |  |  |
| Phone no. | (H) | (W) | (Mob) |
| Email address |  | Emergency contact name & phone number |  |
| Name of Operation |  | Date of Operation |  |
| Surgeon |  | Hospital |  |
| Medicare No. |  | Health fund & Member no. |  |
| GP Name | GP Address |  | GP Phone No. |
| Weight |  | Height |  |

1) List **ALL MEDICATIONS** you are currently taking (including **blood thinners**, steroids, over the counter / herbal / alternative medicines and/or pain killers). State dosage, strength and if withheld. If on multiple medications, please supply typed list including name, strength, dosage and time to be taken.

2) List if you have any allergies to medications, latex, rubber, and/or food?

3) List previous operations including approximate dates (esp. recent / major).

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Did you get severe nausea / vomiting after anaesthetic in the past? |  |  |
| Do you get motion (travel) sickness? |  |  |
| Do you have Heartburn / Gastric reﬂux / Hiatus Hernia / Peptic/ Duodenal Ulcer? |  |  |
| Have you, or a relative had any **complications with an anaesthetic**? If yes, give details. |  |  |
| Do you have any **difﬁculty walking** 1 ﬂight of stairs / up-hill / 1 km on ﬂat? If yes, give details. |  |  |
| 4) Do you currently have or ever had any of the following medical conditions? (tick) | YES | NO |
| High Blood Pressure / High Cholesterol |  |  |
| Heart Problems(Palpitations / Angina / Heart Attack / Stents / Bypass / Heart Failure / Pacemaker) |  |  |
| Asthma / COPD / Other Lung Disease  |  |  |
| Obstructive Sleep Apnoea / Snoring |  |  |
| Diabetes (Diet controlled / tablets / insulin / Any complications) |  |  |
| Liver Problems (Hepatitis, Cirrhosis, Jaundice, etc) |  |  |
| Kidney Problems (Renal impairment, failure, etc) |  |  |
| Epilepsy / Stroke / Blackouts / Other neurological conditions (Parkinsons, dementia, etc) |  |  |
| Mental Health Conditions (Anxiety, Depression, Schizophrenia, etc) |  |  |
| Arthritis / Muscle Disease |  |  |
| Cough, cold, ﬂu in the past 3 weeks |  |  |
| Blood clot in the legs or lungs in the past (Thrombosis or Embolism) |  |  |
| Blood Disease / Bleeding or Bruising problems / Haemophilia / Anaemia |  |  |
| Any Inherited Disorders (Porphyrias / Haemochromatosis / Thalassemia, etc) |  |  |
| Are you Pregnant? |  |  |
| Have you been overseas within the last 2 weeks? |  |  |
| Have you lost weight without trying recently or have decreased appetite? |  |  |
| Do you smoke? If yes, how many years have you been smoking and how many per day? If no, when did you stop smoking? |  |  |
| Do you consume alcohol? If yes, how often? how much? |  |  |
| Do you use recreational drugs? If yes, which drug(s) and how often? |  |  |
| Do you wear or have any of the following? Crowns / Caps / Bridges / Dentures / Loose teeth / Hearing aids / Contact lenses / Artiﬁcial eye / other prostheses |  |  |
| Are there any other health problems of which your Anaesthetist should be aware of?If Yes, please list |  |  |

**The information I have given in this questionnaire is accurate to the best of my knowledge.**

**Sign: Date:**

If you have any questions, please email p.manager@moban.com.au or ring the practice on
07 3910 5155.

**THANK YOU VERY MUCH. PLEASE RETURN THIS FORM IMMEDIATELY TO US**
by **email:** p.manager@moban.com.au or **fax:** 07 3283 4871 or
**post:** Moreton Bay Anaesthesia, Suite 311 North Lakes Specialist Medical Centre,
6 North Lakes Drive, North Lakes QLD 4503

**It is helpful to your anaesthetist to have this information well in advance.**