

Anaesthesiological questionnaire for adult patients

(check where appropriate)

What diseases are you or have you been treated for?

- Ischemic heart disease, heart attack, heart angina, arrhythmias
- Heart dysplasia, rheumatic fever, murmur
- High blood pressure, low blood pressure
- Pulmonary embolism
- Varicose veins, phlebothrombosis, limb ischemia
- Acute bronchitis, chronic bronchitis, pneumonia
- Asthma, emphysema
- Tuberculosis
- Other infectious diseases
- Stroke – with affected movement or speech – with full recovery
- Epilepsy, cerebral palsy
- Migraines, headaches, joint pain, back pain
- Illnesses of nerves, joints, muscles or other neurological disorders
- Psychiatric disorders, psychological or emotional instability, sleep disorders
- Jaundice, liver cirrhosis, other liver disorders
- Gallbladder and bile ducts disorders
- Gastric ulcers or other digestive disorders
- Kidney inflammation, frequent urinary tract infections, urethral stones or other disorders
- Diabetes, thyroid disorders, adrenal glands disorders
- Anemia, blood coagulation disorders, immunity disorders
- Tumors, rheumatological diseases
- Pregnancy or gynecological disorders
- Other conditions or disorders

Traumas: which and when?

Surgery and operations: which and when?

I consider myself healthy, I'm not treated in any way.

Are you taking some chronic medication (incl. contraception), please state dosing:

Are you allergic? How is your allergy manifested?

Have you ever been anesthetized? Was it general or local anesthesia? Did you experience any complications?

Your current health problems are:

- Breath insufficiency, chest pain, palpitations in exertion or in peace
- Cough, cold, sore throat, high temperature
- Herpes (how many days since onset, still wetting or already a scab)
- Digestive difficulties, nausea, vomiting, problems with extraction
- Are you overweight or are you losing weight too much?
- Do you take sleeping pills? (which?) Do you take mood medicines?
- Bleeding symptoms, headaches, joint or back pain?
- Do you wear glasses or contact lenses?
- Do you have ragged teeth or do you use dental prostheses?
- If you're a girl or a woman, please state the last day of your cycle:
- Other problems or conditions?
- I don't have any health problems or conditions, I feel alright, thank you.

Do you have any habits?

- Do you smoke? (cigarettes, cigars, pipe, e-cigs) How long have you been smoking and how often?
- Do you drink black coffee? How many times a day?
- Do you drink alcoholic beverages (incl. beer)? How much?
- Do you take addictive substances? Which ones and how often?

Please state your heightcm, weightkg, ageyrs.

Patients disclosure (or patient's legal representative)

I hereby declare that all the above information is true.

I have not silenced or omitted anything that could affect the course of anesthesia or surgery.

Date.....

Patients signature
(or legal representative)