



# ANAESTHETIC QUESTION PAPER

Madam, Misses, Mister,

This question paper is intended for knowing you better and making our consultation easier.

## IDENTIFICATION

SURNAME: ..... FIRSTNAME: .....

AGE: .....

Height: .....

Weight: .....

Type of operation: ..... Your surgeon: .....

## ANAESTHETICS CASE HISTORY

Have you ever been operated? YES  NO

If yes, which year: .....

Have you ever had anaesthetics? YES  NO

Have you ever had surgery problems? YES  NO

## MEDICALS CASE HISTORY

### HEART AND VESSELS

Have you ever had or have you cardiac problems? YES  NO

Have you ever had phlebitis? YES  NO

Have you ever had pulmonary embolism? YES  NO

LUNGS

Have you ever been treated for a pulmonary disease? YES  NO   
Asthma  Tuberculosis  Bronchitis

NEUROLOGICALS

Convulsions  Migraine  Spells  Depressed

DIGESTIFS

Diarrheas  Hepatitis  Stomach burn  Hiatus hernia   
Jaundice  Constipation  Ulcer

URINARY

Infections  Renal colic  Cystitis   
Difficulties to urinate

BLOOD

Are you hemophilic? YES  NO   
Do you easily bleed? YES  NO   
Have you ever been transfused? YES  NO

METABOLIC ILLNESSES

Cholesterol  Diabetes  Gout  Thyroid

ALLERGIES

Are you allergic? YES  NO   
If yes, to what products: .....

MISCELLANEOUS INFORMATION

Do you smoke? YES  NO   
If yes, how many cigarettes per day: .....

What is your habitual drink: Water  Wine  Beer  Aperitif

Do you wear dentures? YES  NO

Have you ever been pregnant: YES  NO   
If yes, how many times? .....

Have you ever had incidents: YES  NO

DRUGS PRESCRIPTION

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We thank you for your cooperation.