

	Anesthesiologist www.vicebar.cz	
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Anesthesiology Questionnaire

This questionnaire gives us a quick overview of your state of health. The data you provide here will not be misused!

Name:			
Address/City:			
Date of Birth/ID No.:			
Phone number:			
Weight:			

Have you been examined recently by a doctor? Are you pregnant? YES/NO

For what illness:

Do you take any medications? YES/NO

If so, please list which ones (*list pain medication, sleeping pills, etc.*):

Previous operations? In what year? YES/NO

Have you ever experienced anything unusual during anesthesia? YES/NO

If so, what?

Have any of your relatives experienced complications in connection with anesthesia?

YES/NO

Do you suffer or have you suffered from any serious illness in the past? (underline) **heart** (e.g. heart attack, angina pectoris, arrhythmias, myocarditis), circulatory or **vascular** (e.g. circulatory disorders of the limbs, varicose veins, venous thrombosis, low or high blood pressure), **lungs** (e.g. tuberculosis, silicosis, pneumonia, pulmonary emphysema, asthma, chronic bronchitis), **kidneys, liver** (e.g. hepatitis, cirrhosis – hardening of the liver), **muscles, thyroid, eyes** (e.g. glaucoma), **nerves** (e.g. epilepsy, paralysis), **mental illness** (e.g. depression), **blood** (e.g. blood clotting disorders, anemia, hemophilia, leukemia) or disorders of the **internal environment** (e.g. diabetes)?

Are you allergic to anything (e.g. medications, latex, adhesive bandages, food)? YES/NO

Dentures (bridge, removal dental prostheses, etc.)? YES/NO

Do you smoke regularly? How much? YES/NO

Do you drink alcohol regularly? How much? YES/NO

Are you accustomed to certain medications? What kind? YES/NO

Do you use any drugs? What kind? YES/NO

Any other notable circumstances (e.g. accidents, injury, work-related illness)

Other important instructions!

- We recommend that you stop smoking at least for the day of the procedure.
- Women who take contraceptive pills should continue taking them as normal even on the day of the procedure.
- If you take any medications to prevent heart attack or stroke (Anopyrin, Acylpyrin, Warfarin), please inform us.
- Please remove your makeup and do not apply any on the day of the procedure. Also remove any nail polish if you use colored polish.