QUESTIONNAIRE

Surname..... First name..... National ID number .....

Residence ..... Phone:..... Health insurer .....

Procedure you are going to have ..... Weight ..... Height.....

What surgeries have you undergone and under which anesthesia (local, regional, general):

Are you aware of any complications you had during of after surgery (please describe):

Please put an ✕ for YES or NO, or underline what is applicable	**YES**	**NO**

1. Are you being treated for heart problems (shortness of breath on exertion, chest pain behind the sternum, swelling of the legs, have you had a heart attack or disorders of heart rhythm)?
2. Are you being treated for high blood pressure (if so, for how long)?
3. Do you suffer from bronchial asthma?
4. Have you had tuberculosis or pneumonia?
5. Are you being treated for diabetes (diet, tablets, insulin)?
6. Are you being treated for a thyroid gland disorder?
7. Have you ever been treated for kidney disease (inflammation, stones)?
8. Are you having prostate problems?
9. Have you ever been treated for liver disease (jaundice, mononucleosis)?
10. Are you suffering from gastric or duodenal ulcers or pancreas disorders?
11. Do you suffer from any neurological disorder (epilepsy, myasthenia, headache, nerve paralysis, S/P stroke, S/P Lyme borreliosis, S/P disc surgery, spinal surgery)?
12. Do you have varicose veins or vein inflammation (thrombosis, embolism)?
13. Have you ever taken hormonal products, such as Prednisone, Hydrocortisone or other?
14. Are you being treated for glaucoma?
15. Are you suffering from an allergy? – If yes, what to? .....
16. Have you ever had heavy bleeding (nosebleed, bleeding after tooth extraction, or after injury)?
17. Have you ever been treated for cancer, or have you ever had radiation therapy?
18. Have any of your relatives had complications during anesthesia (such as unexplained death during surgery)?
19. Do you have a feeling of stiffness around your mouth after drinking coffee?
20. Do you have loose teeth or removable dentures?
21. Do you smoke, consume a lot of alcohol, or have another addiction (sleeping pills, drugs)?
22. Do you have other untreated problems, which are not mentioned herein?
23. Are you pregnant?
24. Which medications are you currently taking? .....

I consent to having the procedure done under – local– regional – general – anesthesia on an outpatient basis. I have read the information leaflet; I understand all recommendations and I am able and willing to comply with them. I have been informed of all risks and potential complications.

Date: …….. Patient's signature: ……