

## 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 / DVA No.		Health fund & no. <i>(hospital cover only)</i>	
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).

<i>Please give details with 'YES' answers where necessary</i>	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 <b>complications with an anaesthetic</b> ? If yes, give details.		
Do you have any <b>difficulty walking</b> 1 flight of stairs / up-hill / 1 km on flat? If yes, give details.		

<b>DO YOU CURRENTLY HAVE/EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS?</b>	<b>YES</b>	<b>NO</b>
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		
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 / 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 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/Digital Signature:**

**Date:**

If you have any questions, please email [p.manager@moban.com.au](mailto: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](mailto:p.manager@moban.com.au) or **fax:** 07 3283 4871 or

**post:** Moreton Bay Anaesthesia, North Lakes Specialist Centre,  
Suite 311, 6 North Lakes Drive, North Lakes QLD 4509

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