Brant Community Healthcare System
The Willett, Paris
The Brantford General

PRE-OP PATIENT ANAESTHESIA QUESTIONNAIRE

List All Allergies (e.g. Drugs, Food, Dyes, Latex) and what the reaction was:

_____

_____

_____

Height: _____ Weight _____ BMI: _____

BP: _____ HR _____

Please answer all questions. Please explain "yes" answers below.

	MEDICAL HISTORY	YES	NO		MEDICAL HISTORY	YES	NO
1.	Have you or anyone in your family ever had a bad reaction to an anaesthetic?			18.	Have you ever injured your neck?		
2.	Have you ever had a heart attack?			19.	Any liver problems? E.g. hepatitis, jaundice		
3.	Have you ever had angina, chest pain or chest tightness?			20.	Do you have a hiatal hernia, heartburn, ulcer or problems with stomach acid?		
4.	Do you have a significant heart murmur or palpitations?			21.	Have you had kidney problems?		
5.	Do you have a pacemaker, ablation or implanted defibrillator?			22.	Do you consume more than two alcohol drinks per day?		
6.	Do you have high blood pressure?			23.	Have you taken street drugs?		
7.	Can you climb 1 flight of stairs without shortness of breath or chest pain?			24.	Do you have diabetes?		
8.	Do you ever wake up having trouble breathing?			25.	Do you have thyroid problems?		
9.	Do you have or have you been referred for sleep apnea or use a CPAP machine?			26.	Have you taken steroids (e.g. Prednisone) by mouth or IV in the last 6 months		
10.	Have you had asthma, bronchitis, tuberculosis or prolonged coughing?			27.	Are you being treated for depression or any other mental health problems?		
11.	Do you use oxygen at home?			28.	Are there any other unusual problems you have had checked by a physician?		
12.	Do you or have you ever smoked? Number of cigarettes per day ___ Number of years ____ If you have, when did you quit? # Years ago ____			29.	Do you or any family member have an abnormal tendency to bleed or any other blood problems? Is there a family history of sickle cell problems?		
13.	Have you ever had numbness, tingling or weakness in your arms or legs?			30.	Do you have deep vein thrombosis or leg or lung blood clots?		
14.	Have you ever had a stroke or seizure?			31.	If female, could you possibly be pregnant?		
15.	Have you ever had blackouts or fainting spells?			32.	Do you have reason to refuse blood transfusion?		
16.	Do you have arthritis that is being treated by a physician?			33.	Have you been in hospital in the past 12 months?		
17.	Have you ever had low back problems?			34.	Have you had exposure to or diagnosed with Methicillin-Resistant Staphylococcus Aureus, Vancomycin Resistant Enterococci, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, Hepatitis A, B or C?		

"Yes Answers" explanations here:

Go to page 2, (reverse)

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MEDICATION HISTORY

Have you ever had chemotherapy? ☐ No ☐ Yes

Have you ever had radiotherapy? ☐ No ☐ Yes

Are you taking any medications (prescription and over the counter drugs) ☐ No ☐ Yes

If yes please list all medications and the dose below:

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

ANAESTHETIC HISTORY

Have you been put to sleep before? ☐ No ☐ Yes Have you had a spinal/epidural before? ☐ No ☐ Yes

Have you ever been told it was difficult to put a breathing tube in? ☐ No ☐ Yes

Please list all your operations, anaesthetic type used, the hospital and any ill effects you experienced.

Operation	Anaesthetic Type General/Spinal/Epidural / Local	Which Hospital	Side Effects

Do you have any objections to any of the following students **observing** your operation?

Medical ☐ No ☐ Yes **Paramedical (Nursing, Physio, OT, etc.)** ☐ No ☐ Yes **High School Co-op** ☐ No ☐ Yes

Health Care Industry Representative (advice and support only) ☐ No ☐ Yes

Do you have any special concerns or questions you wish to discuss with your Anaesthesiologist? If yes, please describe:

Do you have dentures, or a partial plate? ☐ No ☐ Yes

Do you have any caps on your teeth? ☐ No ☐ Yes

Do you have any loose, chipped or broken teeth? ☐ No ☐ Yes

Do you have any jaw joint (TMJ) problems? ☐ No ☐ Yes

Anaesthesiology Consult Chart for Review ☐ N/A ☐ Yes

Patient Signature Date: