

Unidad de Gestión Clínica
Anestesiología y Reanimación.
Hospital Universitario Virgen de la Victoria de Málaga

ANESTHETIC QUESTIONNAIRE

Name:.....

AGE:..... Weight:..... Height:..... Date:.....

Please, Put a circle around the appropriate answer. If you do not understand anything, leave it in blank.

- YES NO Do you have false teeth ?
YES NO Do you smoke ?
YES NO Do you consume alcohol?
YES NO Do you consume any kind of drugs ?
YES NO Do you often suffer from headaches ?
YES NO Have you ever lost consciousness ?
YES NO Are you epileptic or have ever had a fit ?
YES NO Have you suffered from cerebral attacks or paralysis in any part of the body ?
YES NO Do you suffer from high blood pressure ?
YES NO Have you noticed any heart palpitations ?
YES NO Have you ever suffered a heart attack ?
YES NO Have you had angina, myocardial infarction or pain in your chest ?
YES NO Do you use more than one pillow to sleep ?
YES NO Do your feet swell ?
YES NO Do you have any illness of the valves of the heart ?
YES NO Do you have a pacemaker? When was your last check—up ?
YES NO Are you allergic to any medication ? Write which products.
YES NO Do you suffer from asthma ?
YES NO Do you frequently cough or cough up phlegm ?
YES NO Have you ever had pneumonia ?
YES NO Have you ever had tuberculosis ?
YES NO Have you had a temperature, feverish chill or a cough in the last two weeks ?
YES NO How many stairs can you climb without the need to stop and rest ?
YES NO Do you suffer from a duodenal ulcer or of the stomach ?
YES NO Do you often suffer from heartburn after eating or when you go to bed ?
YES NO Have you ever been told that you have a hiatus hernia ?
YES NO Do you have or have you had Hepatitis or have you become yellow ?
YES NO Do you have any problems with your kidneys or urine ?
YES NO Are you Diabetic or do you have high or low sugar count ?
YES NO Do you have any problems with your thyroid or goitre ?
YES NO Are you excessively nervous or suffer from insomnia ?
YES NO Are you anaemic ?
YES NO Do you bruise or bleed more frequently than other people ?
YES NO Are you pregnant or could be ?
YES NO Do you have any spinal column problems ?
YES NO Do you suffer from any physical defect ? What is it ?
YES NO Have you had any operations ? What were they ?.....
When ?
- YES NO Have you or any of your family had problems with anaesthesia ?
Who ?.....
- YES NO Have you ever had a blood transfusion ?
When ? and why ?.....
- YES NO Do you take aspirin or anticoagulants ?
YES NO Do you take medication for the nerves ? What ?.....