Personal questionnaire

First name		**Surname**	
Sex		**Date of birth**	
Street		**Postcode/City**	
Weight (kg)/Height (cm)		**Planned surgery date**	
Phone No.		**E-Mail**	
Your attending surgeon			

Did you undergo any surgery or medical intervention in the past? Please, briefly describe the kind of surgery and the year it happened.

Intervention	**Year**

Do you regularly take medication (including blood thinners and cardiovascular medications)? Please note the name of the medication and the taking frecuency.

Do you or did you suffer in the past from any of the diseases listed below? Please, check the applicable ones and mention, since when you suffer from it or when you last experienced it.

Disease	**If yes, when**	**Disease**	**If yes, when**
☐ allergies		☐ lung disease	
☐ heart disease		☐ liver disease	
☐ cardiovascular disease ☐ blood pressure disorder		☐ kidney disease	
☐ vascular disease		☐ metabolic disease ☐ diabetes	
☐ anaemia ☐ bleeding tendency		☐ gastrointestinal disease	
☐ neurological disease		☐ others:	

Continue on the backside 

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We need further information from you.

Did you undergo any medical treatment during the last three months?
If so, why?

Do you consume nicotine, alcohol or drugs?
If so, what, how often and how much?

Did you - or blood relatives – ever have any anesthesia complications?
If yes, which ones?

Other important complications?
If yes, which ones?

Please send us this form as soon as possible, but **not later than 7 days before the planned operation** by post, by fax or by e-mail (all details in the footer).

If you have questions about the upcoming anesthesia, do not hesitate to contact us in time.

IMPORTANT: Tell us immediately about changes in your state of health while waiting for the surgery day! (Eg: colds, new medication, worsening of the general condition)

I have understood and truthfully completed this questionnaire

City, date:

Signature:

We thank you for the cooperation and look forward to welcoming you on the surgery day.

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