PATIENT`S PREOPERATIVE EVALUATION AND CONSENT FORM

Dear patient!
You are going to have the procedure, examination or operation under anesthesia, conducted by anesthesiologist. We need information about Your medical conditions to choose the most appropriate method of anesthesia for You. Please answer to the following questions accurately.

Name		Weight		kg
Personal Code		Height		cm
Age				

Do You go in for sports / do physical labour?	□ Yes		□ No		
How many floors can You climb without stopping?	□ None	□ 1	□ 2	□ 3	□ Over 3
What is the reason of limited activity?	□ Chest pain	□ Shortness of breath	□ Pain in joints	□ Other	

Are You having or have You had any of next mentioned diseases?

□ Hypertension	□ Asthma/ chronic bronchitis	□ Thyroid gland disease
□ Coronary artery disease / angina pectoris	□ Sleep apnea / snoring	□ Stroke
□ Myocardial infarction (year:)	□ Other lung disease	□ Epilepsy / seizures
□ Cardiac arrhythmias	□ Tuberculosis	□ Other neurologic disease
□ Valvular heart disease	□ Bleeding disorders	□ Other muscular disease
□ Artificial cardiac pacemaker	□ Diabetes	□ HIV/AIDS
□ Heart failure	□ Liver disease	□ Cancer
□ Other cardiac disease	□ Hepatitis A/B/C	□ Diffuse connective tissue disease
□ Pulmonary embolism	□ Peptic ulcer/ gastroesophageal reflux	□ Any other disease
□ Varicose veins/ thrombophlebitis	□ Kidney disease	

Please list all medications You are taking regularly

Name of drug, dose	Name of drug, dose

Drugs You use if needed	

Do You use medications that can cause bleeding?

□ Aspirine, Hjertemagnyl	□ Marevan, Pradaxa, Xarelto, Eliquis
□ Clopidogrel (Plavix, Zyllt), Brilique	□ Other:

Previous operations

Operation	Year	General anesthesia/ regional anesthesia

Have You ever had problems with anesthesia?

□ Allergic reactions	□ Problems with placement of a breathing tube
□ postoperative nausea or vomiting	□ Problems with neural blockade
□ Headache	□ Problems with anesthesia in blood relatives
□ Problems with recovery from anesthesia	□ Other

Have You had allergic reaction?

□ No	□ Yes, to what:	
How did the allergy express:		

Other important information

What is Your common blood pressure?			
Do You smoke (for … years, quantity in ...packs /day	□ No	□ Yes	
Do You drink alcohol? (if so, how much?)	□ No	□ Yes	
Do You use illegal drugs? Which?	□ No	□ Yes	
Do You have any chipped or loose teeth, dentures?	□ No	□ Yes	
Are You pregnant/ breastfeeding child?	□ No	□ Yes	
Other important information			

For Your safety during anesthesia and period following anesthesia You have to follow next rules.

- You must stop eating solids and drinking not clear liquids (e.g. juice with pulp, milk, yogurt) **6 hours** before surgery. We advise You to drink clear liquids 3-4 sips at once (e.g. water, juice without pulp, non-carbonated sports drinks, coffee or tea without milk) until call for surgery. You must not smoke on the day of surg.
- While going to the operation You have to take off dentures and contact lenses.
- You are not allowed to drive the vehicle in 24 hours after the anesthesia and during that time You need to be supervised by a capable adult.

TO BE FILLED BY ANESTHESIOLOGIST

I have informed the patient about the methods of anesthesia and the risks included.

Name		Date		Signature	

TO BE FILLED BY PATIENT

I have understood the method of anesthesia explained by anesthesiologist and I am aware of the potential risks and complications.

Name		Date		Signature	