

Dr Aubrey Bristow FRCA.**Paediatric preoperative questionnaire**

Please complete this form as early as possible and return it to us. If you answer yes to any questions in BOLD type, please return it as soon as possible by fax (020 7935 3466) or email (anaesthesia@unconsciousness.net) so I can arrange any necessary tests or consultations.. Failure to do so may result in your child's operation being postponed.

Name of child

Child's date of birth

Your email address

Your telephone number

Proposed operation

Date of operation

Have your child ever suffered from any of the following conditions:

Mild or controlled asthma	
Asthma requiring hospital admission or oral steroids	
Shortness of breath on exercise or climbing stairs	
Bronchiectasis or cystic fibrosis	
Other chest problems requiring hospital admission	
Congenital heart disease	
Do any relatives have congenital heart disease	
Liver disease	
Kidney problems or kidney failure	
Blood clotting problems or excessive bruising	
Any blood diseases including lymphoma or leukaemia or anaemia	
Abnormalities of haemoglobin including sickle cell disease or thalassaemia	
Diabetes requiring insulin or tablets	
A fit or epilepsy (ignore single fits associated with a high temperature)	
Was the birth complicated or did your child require intensive care at birth	
Have you or a relative ever had a problem with general anaesthesia	
Allergies to drugs or latex	

Further details:

I understand that I am responsible for Anaesthesia Ltd's fees unless I have provided a letter of guarantee. I have been given a quotation or offered a quotation by Anaesthesia Ltd

Signed:

Date: