

Dr Aubrey Bristow FRCA.**Preoperative questionnaire**

Please complete and sign 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 email (anaesthesia@unconsciousness.net) or fax (020 7935 3466) so I can arrange any necessary tests. Failure to do so may result in your operation being postponed.

Name

Date of birth

Email address

Telephone number

Proposed operation

Date of operation

Have you ever suffered from any of the following conditions:

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|---|--|
| Mild or controlled asthma | |
| Asthma requiring hospital admission or oral steroids | |
| Shortness of breath on exercise or climbing stairs | |
| Chronic bronchitis, emphysema or bronchiectasis | |
| Sleep apnoea or significant snoring | |
| Chest pain or angina or a heart attack | |
| Do you have a pacemaker or an implanted defibrillator | |
| Do you have a heart murmur | |
| Have you had any heart operations, angioplasty, stents or other heart disease | |
| Liver disease | |
| Pancreatitis | |
| Indigestion | |
| Kidney problems or kidney failure | |
| Other urinary problems including prostate disease | |
| Rheumatoid arthritis or stiff neck or osteoarthritis | |
| Any trauma involving the neck or chest | |
| 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 | |
| Any psychiatric disease other than mild depression | |
| Have you or a relative ever had a problem with general anaesthesia | |
| Are you taking heparin, warfarin, clopidrogel, MAOIs, digoxin, phenytoin, carbamazepine, thyroxine, steroids or Chinese herbs | |
| 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