

Pre-Anaesthetic Medical Questionnaire for Dr Scott Aaronson, Anaesthetist (V10)

Please return this form before your surgery (see below for how to do this).

Name _____		
Email Address: _____		
Weight _____	Height _____	Date of Birth _____
Date of procedure _____	Surgeon _____	Hospital _____
What procedure are you having? _____		

Is there a family history of problems with Anaesthesia? _____		
Do you or your family have a history of MALIGNANT HYPERTHERMIA ? YES NO		

Do you have a current or recent cold/ flu/ chest infection/illness ? YES NO		
Please give details: Please note: Lower Respiratory Tract infections may mean that your surgery will be delayed. Please contact Dr Aaronson directly for further advice.		

MEDICATIONS - PLEASE LIST

ALLERGIES - YES / NO ? PLEASE LIST:

WARFARIN - ARE YOU TAKING WARFARIN ? YES NO
Please ring Dr Aaronson for further advice regarding this medicine.

PREVIOUS SURGERY/ PROCEDURES - PLEASE LIST

Have you had any problems with anaesthesia? YES NO
Do you have a history of NAUSEA or VOMITING after anaesthesia? YES NO

Do you have a LAP BAND ? YES NO
Details _____ Please note - lap bands need to be deflated prior to your surgery. Lap bands that are not deflated can result in an increased risk of gastric aspiration during anaesthesia.

Pre-Anaesthetic Medical Questionnaire for Dr Scott Aaronson, Anaesthetist (v 10)

Do you currently SMOKE ?	YES	NO	
How many do you smoke per day	_____	N/A	
Are you an EX SMOKER ?	YES	NO	
Do you have EPILEPSY / SEIZURES?	YES	NO	
Do you have DIABETES ?	YES	NO	
Do you have ASTHMA ?	YES	NO	
Is your ASTHMA worsened by Aspirin/ NSAIDs/Nurofen?	YES	NO	N/A
CHRONIC BRONCHITIS or EMPHYSEMA	YES	NO	
Suspected or diagnosed SLEEP APNOEA	YES	NO	
GASTRIC REFLUX	YES	NO	
HISTORY/ FAMILY HISTORY OF BLEEDING PROBLEMS ?	YES	NO	
HISTORY/ FAMILY HISTORY OF CLOTTING TENDENCY ?	YES	NO	

Are you able to swallow tablets?	YES	NO
Have you ever had Panadeine Forte/ Codeine?	YES	NO
Have you ever had Tramadol?	YES	NO
Have you ever had Nurofen (Ibuprofen)?	YES	NO
Have you ever had Voltaren (Diclofenac) ?	YES	NO
Have you ever had Celebrex (Celecoxib)?	YES	NO
Have you ever had Amoxicillin/Augmentin/Penicillin?	YES	NO
Any adverse reactions to any of these medications? _____		

Do you have any additional comments?

**Please return this questionnaire by email or fax
bookings@perthag.com.au Fax: 9367 7197**