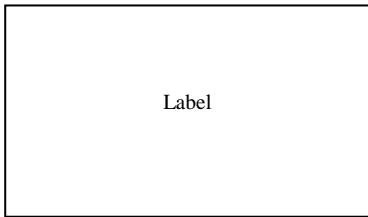


PÔLE D'ACTIVITÉ CLINIQUE CHIRURGICAL
Unité médicale d'anesthésie

Medical questionnaire in English
FOR YOUR SAFETY
Questionnaire to be completed and to be brought back to the consultation of anesthesia



Surname : Name :

Age : Height : Weight :

Profession :

This questionnaire is intended to prepare the consultation of anesthesia. The doctor anaesthetist whom you will soon meet will detail with you certain questions, will examine you and will inform you about the anesthesia itself and the ways to calm the post-operative pains.

You possibly make help by your regular doctor to answer this questionnaire.

Do not forget to bring this questionnaire to the consultation of anesthesia.

Also arm yourselves :

- of your last prescriptions,
of your card of blood group,
of your last biological examinations, if they date less than year,
mails of specialists (cardiologist, pulmonologist, neurologist).

I. Your previous surgical operations and anaesthetics

If you have already had an operation, could you please specify the date, the type of operation and the type of an anaesthetic (general, local, epidural).

Date:

Type of intervention :

Type of anaesthetic :

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Have there been any anaesthetic incidents or accidents ? If so, what were they ?

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II. LIFE STYLE – OTHERS FACTORS

- Do you smoke ? YES How much/day : NO
- do you drink alcohol ? Never Seldom Regularly Heavily
- Consume you drugs ? YES NO
- What medicines do you take ? (tablets, injections, eyeswashes, inhalations...)

Name	Dosage
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III. DO YOU SUFFER FROM ONE MORE OF THE FOLLOWING DISEASE ?

If you answer to the question « yes », please give details.

ALLERGIE	Oui	Non	Ne sais pas	Précisions
Are you allergic to a medicament or to any foods ?				
Which one ?				
Do you suffer from the hay fever (conjunctivitis, allergy)				
Have you ever had an urticaria or abnormal swelling (nettle rush)				
Are you intolerant to a medicine (feeling of sickness, nausea, diarrhoea, dizziness, ulcer) ?				
Do you suffer of eczema ?				

HEART AND CIRCULATION	Oui	Non	Ne sais pas	Précisions
What is your usual blood pressure ?				
Are you treated for your heart ?				
Have you some cholesterol ?				
Have you ever had losses of consciousness ?				
Are you abnormally out of breath after walking up floor ?				
Are you treated for high arterial blood pressure ?				

HEART AND CIRCULATION (suite)	Oui	Non	Ne sais pas	Précisions
What is your usual blood pressure ?				
Are you treated for your heart ?				
Have you some cholesterol ?				
Have you ever had losses of consciousness ?				
Are you abnormally out of breath after walking up floor ?				
Are you treated for high arterial blood pressure ?				
Do you have a heart murmur ?				
Do you have pains in your chest upon exertion ?				
Have you palpitations ?				
Did you make an infarct ?				
Did you have varicose veins?				
Have you already had a phlebite or a pulmonary embolism ?				
Have you pains in legs in the walking ?				
LUNGS	Oui	Non	Ne sais pas	Précisions
Have you already been treated for a lung condition ?				
Have you of the asthma or asthmatiformes bronchitises ?				
Have you ever been hospitalized for an asthma attack ?				Date od of last attack
Do you have chronic bronchitis ?				
Do you frequently cough and spit ?				
Have you already had the tuberculosis ?				
Snore you or you of the sleep apnea make ?				
NERVOUS SYSTEM	Oui	Non	Ne sais pas	Précisions
Do you get headaches ?				
Have you had convulsions ?				
Had you a meningitis ?				
Have you ever had a nervous break down ?				
Have you ever had dizzy spells ?				
Have you ever been stricken by paralysys (CVA) ?				
- Avez-vous des problèmes de colonne vertébrale (sciatique, hernie discale, malformation, fracture) ?				
NERVOUS SYSTEM	Oui	Non	Ne sais pas	Précisions
Do you suffer diabetes ? If yes, have you complications owed to the diabete ?				
Do you suffer from thyroid problems ?				

DIGESTIVE SYSTEM, LIVER	Oui	Non	Ne sais pas	Précisions
Have you ever had a stomach or duodenum ulcer ?				
Have you ever had a gastro oesophageal hernia or acid reflux ?				
Have you ever had viral hepatitis (B/C) ?				
URINARY SYSTEM	Oui	Non	Ne sais pas	Précisions
Have you ever had urinary infections ?				
Had you renal colics ?				
Have you ever suffered from renal insufficiency				
Have you difficulties urinating ?				
You raise you the night to urinate ?				How many times ?
BLOOD	Oui	Non	Ne sais pas	Précisions
Have you a card of blood group ?				
Were already transfused into you ?				If yes, when ? Why ?
Do you bruise easily or have any bleeding (nosebleed...)				
Bleed dry yourselves for a long time after a small cut ?				
You often have a nosebleed ?				
Do you take anticoagulants or aspirin ?				
TEETH	Oui	Non	Ne sais pas	Précisions
Do you have any false teeth or dentures ? <input type="checkbox"/> Fixed <input type="checkbox"/> Removable <input type="checkbox"/> Implant				
Are any of your teeth loose ?				
FOR OF THE WOMEN	Oui	Non	Ne sais pas	Précisions
T'il there a possibility so that you are pregnant ?				
In your family (father-mother-brother-sister-uncle-aunt-cousin) did you hear about myopathy, myasthenia, porphyrie?				
In your family (father-mother-brother-sister-uncle-aunt-cousin) did you hear about accident of anesthesia?				