



Kroonveldlaan 50 - 9200 Dendermonde
Koevliet 6 - 9240 Zele

Department for Anaesthesia
Resuscitation- Pain Clinic
Intensive Care

Dear Sir, Dear Madam,

You will be undergoing anaesthesia in the near future for a surgical procedure or an examination. It is of the utmost importance that the anaesthetist has the most complete information about your health, so that the anaesthesia can proceed as safely as possible. This is because some of the medicines you take regularly can cause the products used for the anaesthesia to react abnormally.

For this reason, we are requesting you, in your own interest, to fill in this questionnaire to the best of your ability, without withholding information regarding any medication. It goes without saying that this information will be treated with full medical confidentiality. Please hand this form to the Senior Nurse upon your arrival at the hospital.

Finally, we strenuously advise smokers to stop smoking as of this very moment, in anticipation of the procedure.

Dr. B. Van Damme (Chef de Service), dr. R. Bruyndonckx, dr. A. Callewaert, dr. K. Mignolet, dr. E. Pannier, dr. J. Pauwels, dr. K. Persyn, dr. W. Swinnen, dr. J. Van Eester, dr. N. Van Langenhove, dr. I. Van Mol, dr. J. Van Praet, dr. P. Vandevoorde, dr. T. Vanhoutte, dr. S. Verdonck

Name patient :	First name :
Address :	
Date of birth :	
Height :	Weight :
Blood group :	General practitioner :
Name & telephone of contact person:	

PRE-OPERATIVE QUESTIONNAIRE

1. For which operation are you being admitted on this occasion?
If applicable: is the operation on the left or right side? (e.g. left hip prosthesis)
(Voor welke operatie wordt u nu opgenomen? Indien van toepassing: gebeurt de operatie links of rechts?) (bv. heupprothese links)
2. Have you undergone any operation in the past? O Yes O No
(Werd u reeds vroeger geopereerd?)
If yes : (Zo ja: welke operaties en wanneer?)
- What operations and when:
.....
- What kind of anaesthesia did you receive : - complete (volledige) O
(Welk soort verdoving kreeg u) - partial (gedeeltelijke) O
- local (plaatselijke) O
- Have you ever reacted abnormally to anaesthesia? O Yes O No
If yes, how?.....
(Hebt u ooit op een verdoving abnormal gereageerd? Zo ja, hoe?)
3. Has any family member ever had any serious difficulties when undergoing anaesthesia? O Yes O No
If yes, what?
(Zijn er in de familie ooit ernstige moeilijkheden geweest bij een verdoving? Zo ja, welke?)
4. Do you smoke ? O Yes O No
If yes, how many a day: a) cigarettes: (sigaretten)
(Rookt u? Zo ja, hoeveel per dag) b) cigars: (sigaren)
c) pipes: (pijp)
5. Do you regularly consume alcohol? (Gebruikt u regelmatig alcohol?) O Yes O No
If yes, - what? (wat)
- how much per day? (hoeveel per dag)
6. Do you regularly use drugs? O Yes O No
If yes, what?
(Gebruikt u regelmatig drugs? Zo ja, welke?)
7. Are you over-sensitive (and/or allergic) to certain medicines ? O Yes O No
If yes, what ?
(Bent u overgevoelig (allergisch) voor bepaalde medicamenten? Zo ja, welke?)
8. Are you over-sensitive to certain substances, plasters or disinfection products ? Also consider rubber or latex (balloons, condoms or gloves, etc.).
If yes, what ?
(Bent u overgevoelig op bep. stoffen, pleisters of ontsmetting? Denk ook aan rubber of latex (ballons, condoms of handschoenen) Zo ja, welke?)
9. Do you take sedatives or sleeping pills regularly ? O Yes O No
If yes, what and how many?
(Neemt u regelmatig kalmeer- of slaapmiddelen? Zo ja, welke en hoeveel?)
10. Do you regularly use painkillers ? O Yes O No
If yes, what and how many ?
(Neemt u regelmatig pijnstillers? Zo ja, welke en hoeveel?)
11. Do you suffer from or have you suffered from the following diseases ? Specify the disorder and the period.
(Lijdt u of leed u aan één van de volgende ziekten? Specificeer de aandoening en de periode)
- a) Heart disease (or pacemaker) (hartziekte (of pacemaker) O Yes O No
 - b) High blood pressure (hoge bloeddruk) O Yes O No
 - c) Lung or bronchial disease (long -of luchtwegziekte) O Yes O No
 - d) Gastric or intestinal disease (maag - of darmziekte) O Yes O No
 - e) Muscular or joint disease (spier -of gewrichtsziekte) O Yes O No
 - f) Malignant hyperthermia (maligne hyperthermia) O Yes O No
 - g) Epilepsy (epilepsie 'vallende ziekte') O Yes O No
 - h) Diabetes (suikerziekte) O Yes O No
 - i) Thyroid disease (schildklierziekte) O Yes O No
 - j) Skin disease (huidziekte) O Yes O No
 - k) Nervous disorder (zenuwaandoening) O Yes O No
 - Depression: (depressie) O Yes O No
 - Spinal injury: (ruggemergletsel) O Yes O No

- l) Kidney disease (nierziekte) Yes No
m) Infections (infecties) Yes No
n) Eye disease (including glaucoma) (oogziekte (o.a. glaucoom) Yes No
12. Have you had jaundice ? Yes No
If yes, when ?
(Hebt u geelzucht gehad? Zo ja, wanneer)
13. Is anyone in your family or acquaintances currently suffering from jaundice Yes No
(Heeft iemand in uw familie of omgang thans geelzucht?)
14. Only for female patients: (Enkel voor vrouwelijke patiënten)
a) Are you pregnant or is there a possibility that you could be pregnant? Yes No
(Bent u zwanger of mogelijks zwanger?)
b) Date of last menstruation :
(Datum van de laatste maandstonden)
c) Are you on the pill ? Yes No
(Neemt u de pil?)
15. Have you ever had a blood transfusion? Yes No
If yes, were there any reactions during or after the transfusion? Yes No
(Hebt u ooit een bloedtransfusie gehad? Zo ja, deden er zich tijdens of na de transfusie reacties voor?)
16. What is your blood group? (Wat is uw bloedgroep?)
Do you have a blood group card ? (Hebt u een bloedgroepkaart?) Yes No
If yes, where is it located? (Zo ja, waar bevindt die zich?)
17. Does your blood clot normally when you injure yourself or get a tooth extracted ? Yes No
Do you bruise easily ? Yes No
(Stoelt uw bloed normaal wanneer u zich kwetst of een tand laat trekken? Vertoont u gemakkelijk blauwe plekken?)
18. Do you take blood diluents or aspirins? Yes No
(Neemt u bloedverduuners of aspirines?)
19. What medicines do you take or have taken in the last week?
(Welke medicamenten neemt u of nam u de laatste week?)
.....
.....
Have you taken cortisone or received cortisone injections in the last 6 months ? Yes No
(Hebt u de laatste 6 maanden cortisone ingenomen of ingespoten gekregen?)
20. Do you have : (Hebt u:)
- False teeth ? (valse tanden) Yes No
- Bridge or crowns ? (bridge of kronen) Yes No
- Loose teeth ? (losstaande tanden) Yes No
- Piercings ? Yes No
21. Do you wear contact lenses ? (Draagt u contactlenzen?) Yes No
Do you use eye drops ? Which eye drop: (Gebruikt u oogdruppels? Welke?) Yes No
Do you wear a hearing aid ? (Draagt u een hoorapparaat?) Yes No
22. Do you have varicose veins? Yes No
(Hebt u spataders (varices)?)
23. Do you practise sport ? Yes No
Si oui, laquelle et à quelle fréquence ?
(Doet u aan sport? Wat en hoe frequent?)
24. Are you easily short of breath or do you experience a tightness during an exertion ? Yes No
(Bent u snel kortademig of beklemd bij een inspanning?)
25. Do you have flu or a cold at the moment ? Yes No
(Hebt u op dit ogenblik griep of een verkoudheid?)
26. What is your:
age (leeftijd):years
height (lengte):cm
Weight (gewicht):kg
27. Is there anything else you would like to mention ?
(Wenst u nog iets te vermelden?)
28. Do you have an advance directive? Yes No

DECLARATION OF CONSENT FOR ANAESTHESIA

I, the undersigned

- Have carefully filled in the pre-operative questionnaire and I have fully understood all of the questions.
- I have read and understood the related brochure containing information about the course of the procedure, role of the anaesthesiologist, pre-operative examinations, types of anaesthesia, recovery room and possible side effects of the anaesthesia.
This information is also available on the website www.azsintblasius.be (zorgaanbod > specialismen > anesthesie).
- I have been informed that I can have a personal consultation with the anaesthesiologist, at the anaesthesiology consultation ward.
If you want to, you can make an appointment by calling the appointments desk at: 052 25 25 05.
- I undertake to strictly comply with all pre-operative and post-operative guidelines.
- I have visited my family doctor to have him/ her fill in the pre-operative records and I have had the necessary pre-operative examinations performed.
- I have been sufficiently informed about the anaesthesia and consent to the necessary anaesthetics.
- In case of medical emergency, I consent to other medical interventions being carried out than the planned form of anaesthesia.

Please sign and mention in your own handwriting the following words “read and approved” (where applicable, the name and signature of the legal representative)

Patient name and address	Date: Signature:
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DECLARATION OF CONSENT FOR BLOOD TRANSFUSION

In very exceptional situations, a blood transfusion may be necessary for medical reasons. Whenever possible, the attending physician will explain in advance the reason for a transfusion and its benefits. You can read the information on blood transfusions in the “Information on anaesthesia and blood transfusion” leaflet you received with this questionnaire (section 4). Please give your consent below for a blood transfusion in case one is medically necessary.

I, the undersigned),

- Confirm that I have read and understood the information brochure with the section “Transfusion: administration of blood and blood products”
- Acknowledge that I have all the information I consider necessary in order to freely make a well-considered decision
- Am aware that a personal conversation with my doctor regarding blood transfusions is always possible
- Know my current health status
- Am aware of the purpose and nature of blood transfusion and the possible advantages and disadvantages/ complications
- Have taken note of the possible alternatives
- Am aware of the chances of success and potential problems relating to my recovery
- Am aware of the possible consequences of not having a blood transfusion carries out in case of medical necessity
- Am aware of the duration and frequency of aftercare
- Know that I have the right to cancel the blood transfusion or have it stopped at any time

Please Tick:

- I hereby consent to have carried out on me, in case of medical necessity, a blood transfusion or any other medical act deemed necessary resulting from the transfusion.
- I refuse a blood transfusion

Please sign and mention in your own handwriting the following words “read and approved”

Patient name and date of birth	Date: Signature
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CONFIRMATION BY ANAESTHESIOLOGIST (Reserved for the anaesthesiologist)

I confirm that the patient (parent/guardian of the patient) has been sufficiently informed about the anaesthesia and the possibility of a blood transfusion. The patient understands the benefits and possible risks. In consultation with the patient, the following anaesthetic technique is selected :

- General anaesthesia
- sedation
- loco-regional anaesthesia.

Mallampati classification : 1 - 2 - 3 - 4

ASA classification :

Signature :

ANESTHESIST		
<input type="checkbox"/> Dr. R. Bruyndonckx	1 /73099/46/109	<input type="checkbox"/> Dr. B. Van Damme
<input type="checkbox"/> Dr. A. Callewaert	1/35097/24/100	<input type="checkbox"/> Dr. J. Van Eester
<input type="checkbox"/> Dr. T. Issaev	1/98802/48/100	<input type="checkbox"/> Dr. N. Van Langenhove
<input type="checkbox"/> Dr. K. Mignolet	1/08241/11/100	<input type="checkbox"/> Dr. I. Van Mol
<input type="checkbox"/> Dr. E. Pannier	1/47457/80/100	<input type="checkbox"/> Dr. J. Van Praet
<input type="checkbox"/> Dr. J. Pauwels	1/47769/59/100	<input type="checkbox"/> Dr. P. Vandevoorde
<input type="checkbox"/> Dr. K. Persyn	1/45479/21/100	<input type="checkbox"/> Dr. T. Vanhoutte
<input type="checkbox"/> Dr. W. Swinnen	1/07912/49/100	<input type="checkbox"/> Dr. S. Verdonck
		1/09423/90/109
		1/19524/77/100
		1/47927/95/100
		1/18298/42/100
		1/45115/95/100
		1/45611/56/100
		1/09897/04/100
		1/45902/83/100