

**MINOR PROCEDURE  
PRE ANAESTHETIC  
QUESTIONNAIRE**

PATIENT LABEL

DATE:		PROPOSED PROCEDURE DATE:	
WEIGHT (KG/LBS)	HEIGHT:	PHYSICIAN:	
<b>PATIENT ASSESSMENT</b>			
	YES	NO	COMMENT
Can you climb 2 flights of stairs or walk a block without problems?			
Are you being treated for high blood pressure?			
Do you have angina or chest pain?			How often?
Have you ever had a heart attack?			When?
Have you ever had a stroke/mini stroke/seizures? Please circle all that apply.			When?
Do you smoke?			How many years?
If not, did you quit?			How much per day?
			How long ago?
Do you have asthma or COPD?			Please list any prescribed puffers in the medication list below.
Do you have sleep apnea?			Is it treated?
Do you consume any alcoholic beverages?			How many per day?
Do you have diabetes?			If 'yes' what is your medication?
Have you ever had general anaesthetic?			
Have you ever had a problem with general anaesthetic?			
Have any relatives had anaesthetic problems?			
<b>MEDICATION LIST:</b>			<b>ALLERGIES:</b>
PLEASE LIST ANY OTHER MEDICAL CONDITIONS NOT LISTED (e.g. pacemaker)			

