MACKAY SPECIALIST DAY HOSPITAL

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PRE-OPERATIVE FORM

PLEASE COMPLETE FORMS IN BLACK PEN AND RETURN TO US AS SOON AS POSSIBLE.

Name: **Ht:** cm **Wt:** kg

Details of previous surgery: _____

_____

Have you had an anaesthetic previously? Yes ☐ No ☐

If there were any problems please give details: _____

Do you have or have you ever had any of the following?	Yes	No	Additional information
Allergies to medication / tapes / dyes / latex	☐	☐	
A cough or cold at present	☐	☐	
Heart Disease, Rheumatic Fever, Heart Murmur	☐	☐	
Chest Pain / Angina / Heart Attack / High blood Pressure	☐	☐	
Bronchitis, Asthma, or any other chest problems	☐	☐	
Sleep Apnoea or other breathing problems	☐	☐	
Neck or Jaw stiffness	☐	☐	
Hepatitis or Jaundice	☐	☐	
Kidney problems	☐	☐	
Epilepsy or other Fits	☐	☐	
Anaemia, any other blood disorders or a recent Blood Transfusion	☐	☐	
Bruise or bleed easily	☐	☐	
Blood clots in the legs or lungs	☐	☐	
Arthritis or Muscle Disease	☐	☐	
Heartburn / Reflux	☐	☐	
Diabetes – Type I or Type II	☐	☐	
A Dura Mater Graft prior to 1990	☐	☐	
History of Creutzfeldt-Jakob Disease (CJD) (or family history)	☐	☐	
Received Human Pituitary Hormones (growth hormones, gonadotropins) prior to 1986	☐	☐	
Recent progressive dementia which has not been diagnosed	☐	☐	
Other serious medical conditions	☐	☐	
Do you have any physical disabilities?	☐	☐	
Do you faint easily?	☐	☐	
Do you smoke? For how long? How many per day?	☐	☐	
Do you drink alcohol? How many per day?	☐	☐	
Have you taken aspirin in the last 2 weeks?	☐	☐	
Could you be pregnant?	☐	☐	
Do you have special dietary requirements? If yes please give details	☐	☐	

	Yes	No	Additional information
Are you taking any medications? (including alternative / recreational drugs):	☐	☐	

If Yes please list below including dosages and how often taken:

CONSENT FORM

PLEASE READ AND COMPLETE THE FORM BELOW

I, _____

of _____

accept that for 24 hours following a General Anaesthetic or Intravenous Sedation I should not:

- **DRIVE A CAR OR OPERATE MACHINERY**
- **DRINK ALCOHOL**
- **SIGN ANY LEGAL DOCUMENT OR MAKE IMPORTANT DECISIONS**
- **TAKE HEAVY EXERCISE**

and that I must arrange for a responsible adult to drive me home and stay with me overnight following my surgery.
I am aware that failure to do so may result in my procedure being cancelled.

Signature: Parent / Guardian: Date: / /

Patient Notes:

Problems Identified / Action Taken: Date / Time: