



Pre-Procedure Health Questionnaire

Date: _____

PROCEDURE: _____

Please complete the questions by ticking the appropriate answer and giving additional information if necessary in the spaces provided.

Please make sure that you have included all relevant information to the best of your knowledge. It is not necessary for your family doctor to complete this form.

	No	Yes	
Do you need an interpreter? (state language)			
Do you wish to have access to the Maori health service?			

Your height in CM: _____	Your weight in KG: _____
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Next of kin details:

Name: _____

Relationship: _____

Contact phone number: _____

A. Anaesthetics	No	Yes	Your Comments:
Have you ever had an anaesthetic?			
Were there any problems? (e.g. nausea, vomiting, airway problems, difficulty breathing)			
Has a family member had an unusual reaction to an anaesthetic? If yes, what happened?			
Do you have any concerns about the anaesthetic or hospital stay you would like to discuss with us? If yes, what are they?			

B. Have you ever had any of the following procedures?	No	Yes	When and in which hospital and if possible the outcome of these procedures
Abdominal or Pelvic Surgery			
Colonoscopy			
CT Colonography			
Gastroscopy			



C. Do you have or have you ever had?	No	Yes	Your Comments:
High Blood Pressure			
Chest pain			
Heart attack			
Unusual thumping in chest or palpitations			
Heart pacemaker			
Artificial heart valves			
Rheumatic heart disease			
Stroke/TIA			
Frequent indigestion or heartburn or reflux			
Epilepsy or fits			
Blackouts or fainting If yes, state reason			
Asthma or lung problems If YES, do you use an inhaler more than twice a day?			
Severe snoring, stopping breathing during sleep or shortness of breath (apnea)			
Kidney problems			
Swollen Ankles			
Jaw, neck or back problems (circle)			
Muscle or nerve disease (e.g. Multiple Sclerosis)			
Blood clots in the legs or lungs			
Blood disorders (state)			
Tuberculosis			
Diabetes (what type?)			
Hepatitis or jaundice If YES, was this anaesthetic related?			
Thyroid or Pituitary problems (state)			
Treatment for cancer			
Are there any medical conditions that run in the family? (state)			
Joint Replacement, Metal Plates or Pins			
Are there any conditions not mentioned above? (state)			



G. List all the medications you take. This includes medications such as... Blood thinners, aspirin, inhalers, eye drops, ointments, alternative medicines such as Arnica and St Johns Wort and vitamins etc.

Medication	Amount	How Often

H. Discharge Arrangements/Information/Aftercare Consent

Following the procedure you are not able to drive a vehicle, operate any machinery or go on any public transport. You must not drink alcohol or sign any legal documents for 24 hours due to the medications given. You need to follow any advice given and instructions. You should consider your employment requirements for the following day.

YOU MUST HAVE SOMEONE TO PICK YOU UP AFTER YOUR PROCEDURE. YOU WILL NEED HAVE SOMEONE TO STAY WITH YOU OVERNIGHT. PLEASE PROVIDE THESE DETAILS:

NAME: _____ CONTACT PHONE NUMBER: _____

RELATIONSHIP: _____

Patient Confirmation of Understanding:

Patient Signature: _____ **Date:** _____

Additional Patient Information:

Is there any other information you would like to provide us with so that we can ensure your experience with us is as comfortable as possible?

This information is confidential.



Please keep this page to provide assistance

HELP

If you need help, or do not understand any question, please contact Andrew on 03 548 8156, or by email – andrew@rutherfordhealthcare.co.nz

NEXT

For patients undergoing colonoscopy it is highly recommended that you read through the instructions of your bowel preparation as soon as you receive them.

Please return this completed Questionnaire as soon as possible by either emailing to the above email address, or drop it off at Nelson Day Surgery – formerly known as Rutherford Health Care.

Nelson Day Surgery
132 Collingwood Street
Nelson 7010
New Zealand

How to find us:

