Pre operative checklist

| Are you allergic to any Drug / Medicine? | |
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| Are you on Aspirin Tablets or any Anticoagulant/Blood Thinners? | |
| Have you received any Blood Transfusions? | |
| Heart Disease / Hear Attack | |
| Blood Pressure / Hypertension | |
| Diabetes / Blood Sugar | |
| Stroke | |
| Fits / Epilepsy | |
| TB / Tuberculosis | |
| Asthma | |
| Breathing Disorders | |
| Kidney Disorders / Urinary Infection | |
| Jaundice / Hepatitis – HBsAg | |
| Bleeding Disorder | |
| Dental Problems / Dentures | |
| Infection – Nail / Skin | |
| Have you had any surgeries / operations anywhere in the body? | |
| Were there any complications during the / these surgeries? | |
| Anxiety Episodes | |
| Tremors | |
| Prostate Medications | |
| Hearing Trouble | |
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