Pre operative checklist

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|  | Are you allergic to any Drug / Medicine? |  |
|  | 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 |  |