Tasmania

Department of Health and Human Services

PRE-ADMISSION HEALTH QUESTIONNAIRE

FACILITY: _____

LAUNCESTON GENERAL HOSPITAL

M.R.N. | | | | | | | | | | |

SURNAME ..... D.O.B. .....

OTHER NAMES ..... SEX

ADDRESS ..... MARITAL STATUS

..... REL.

LABEL

Date: .....

HAVE YOU NOW, OR HAVE YOU EVER HAD:

	YES/NO
Head cold or flu in the last two weeks?	
Shortness of breath after exercise or climbing stairs?	
Asthma?	
Other chest or lung disease?	

Details: _____

Chest pain when you exercise or climb stairs?	
Problems with your heart?	

Details: _____

_____

High blood pressure on treatment?	
Sleep apnoea?	
Do you use a CPAP?	
Thrombosis (blood clots in legs or lungs)?	
Bleeding tendency or bruising problem?	
Diabetes?	
Anaemia?	
Heartburn or hiatus hernia?	
Hepatitis, liver disease or jaundice?	
Kidney or bladder problem?	
Stroke?	
Epilepsy or fits?	
Faints or blackouts?	
Any psychiatric treatment?	
Muscle weakness, severe arthritis?	
Other health conditions?	

Details: _____

_____

_____

	YES/NO
Allergies or drug reactions of any kind?	

If yes, specify: _____

_____

List medications or tablets you are currently taking:

_____

_____

_____

_____

_____

Cortisone or Steroids in the last six months?	
Any problems with anaesthesia?	

Details: _____

_____

Have anaesthetics caused unusual reactions in your family?	

Details: _____

_____

List previous operations:

_____ Year _____

_____ Year _____

_____ Year _____

Do you smoke?	

If yes, number per day: _____

Do you drink alcohol?	

If yes amount per day: _____

Name of person escorting you home and caring for you after your surgery:

_____

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C&HS 13528 06/10 F&P 21417 JUN10 M1