

**MR PAUL NOLAN**  
**CONSULTANT ORTHOPAEDIC SPINAL SURGEON**

**Primary Questionnaire for Surgery / Anaesthesia**

Out Patient Clinic Date		
Name:		Consultant:
Address:		Height (m or ft)
		Weight (kg or stone): BMI
Hospital No:		Tel No (Home) 028
DOB:	Age:	Tel No: (Mobile)
Planned Surgery/Procedure	BP 1)      2)      3)	

**PRE-OP USE ONLY**

OUTCOME	Please Date	Signature
Proceed to surgery with no further action		
Face to Face pre-operative assessment with		
Nurse		
Anaesthetist		
Further Investigations		
ECG		
MRSA		
Urinalysis		
Blood FBP U/E TFT HBA1C LFT Other		

PLEASE COMPLETE ALL ATTACHED SHEETS

**It is important that you complete this questionnaire as accurately as possible.**

**This information will be used to plan for your date for surgery.**

**Please list all medications including any herbal or homeopathic medications. (if you have a recent prescription sheet from your GP please attach to this form).**


<b>Please answer all questions by placing a tick in the appropriate box</b>	<b>YES</b>	<b>NO</b>
Do you have high blood pressure? Is your high blood pressure well controlled by medication?		
Do you have angina or chest pain? Is your angina or chest pain well controlled by medication?		
Do you have any other heart problems ie stents in the heart that you take medication for or see your GP/hospital Consultant about?		
Do you have a pacemaker or internal cardiac device?		
Have you ever been told that you have a heart murmur or rheumatic fever?		
Have you ever had a stroke or mini stroke (TIA)?		
When was your most recent stroke?		
Have you ever had a blood clot (DVT, PE)?		
Have you had a blood clot within the last six months?		
Do you have asthma? Is your asthma well controlled by medication?		
Do you have COPD/bronchitis or any other chronic lung condition?		
Can you walk up one flight of stairs without getting breathless?		
Do you have sleep apnoea? If yes do you use a CPAP machine at night?		
Have you had hepatitis, liver disease or jaundice?		
Do you attend a doctor other than a GP for a kidney problem?		
Do you have, or have you had, bleeding problems? Are you currently taking any medication for anaemia?		
Do you regularly buy medicine for heartburn/indigestion/ulcers?		
Are you prescribed medicine by your Gp for heartburn /indigestion/ulcers?		
Do you have diabetes?		

Do you have thyroid problems?		
<b>Please answer all questions by placing a tick in the appropriate box?</b>		
Have you ever had convulsions or fits?		
Are you attending a doctor with any other illness?		
Are you taking any prescribed medication to thin your blood? For example Warfarin/ Aspirin/ Clopidrogel/ Plavix/ Dipyridamole/ Persantin/ Plasugrel/ Rivaroxaban/ Dabigatan/ Pradaxa? Have you taken any other prescribed medication within he last six months?		
Do you have any allergies (for example drugs, food, latex)?		
Please list and describe any reaction		
Have you, or any relative had difficulties with anaesthesia?		
Do you attend a doctor with arthritis in your neck or jaw?		
Have you ever suffered from MRSA?		
Have you been an inpatient in hospital within he last three months?		
Are you a health care professional?		
Have you ever suffered from C.Diff?		
Have you ever suffered from any blood borne viruses (HIV, Hepatitis etc)?		
Have you had any previous surgery?		
Please list the surgery you have had starting with the most recent first. Please state year of surgery.		
Have you had any other surgery/other tests and investigations planned in the future?		
Please list		
If you smoke, how many cigarettes do you smoke per day?		
If you drink how many units of alcohol do you drink a week? (One unit=half a pint of beer, one pub measure of any spirit) (one small 150 ml glass of wine contains 2 units of alcohol)		

Is there any other information that you feel would be important for us to know?		
<b>Women Only</b>		
<b>Please answer all questions by placing a tick in the appropriate box</b>		
Are you taking HRT?		
Are you taking the contraceptive pill?		
Could you be pregnant?		
<b>Planning your discharge from hospital</b>		
<p>After your procedure you will need to be accompanied home by a responsible adult and have someone to stay with you for the first 24 hours after any general anaesthetic.</p> <p>If you feel you need assistance with this you must contact your GP to make the necessary arrangements.</p>		
The information given above is correct to the best of my knowledge at the time of completion.		
<b>Print Name</b>	<b>Signature</b>	
<b>Date of completion</b>		