Age: _____ years Height:_____m Weight: _____ kg

1. Have you / has your child received medical treatment during the last 12 months? O yes O no

   _____

   _____

2. Have you / Has your child had any previous operations? O yes O no

   _____

   _____

3. Have you / Has your child ever experienced any problems during or after a previous anaesthesia? O yes O no

   _____

   _____

4. Have any blood relatives experienced problems during or after an anaesthesia? O yes O no

   _____

5. Do you / does your child have heart disease, chest pain, or shortness of breath on when climbing stairs? O yes O no

   _____

6. Have you / has your child ever had a heart attack or a stroke? O yes O no
7. High or low blood pressure? O yes O no
8. Chronic bronchitis, asthma or other lung diseases? O yes O no
9. Have you / has your child any allergies? O yes O no

   _____

10. Do you/does your child have diabetes? O yes O no
11. Muscle weakness or other muscle diseases – also in blood relations? O yes O no
12. Do you/does your child have loose teeth? O yes O no

    _____

13. Do you/does your child have any other medical conditions Other diseases? – Which ones? O yes O no

    _____

Adults only:

14. Do you smoke – how much? O yes O no

    _____

15. Do you drink alcohol – how much? O yes O no

    _____

16. Female patients: Could you possibly be pregnant? O yes O no
17. Who will provide constant care during the first 24 hours? – Telephone number?

    _____

Notes on the preoperative discussion by the Doctor: (from ___ to ___ m)

_____

_____

_____

_____

I read and understood the information at the backside.
I also understood the information of the preoperative discussion. There was the possibility to ask all necessary questions.
I made my decision after thorough consideration.
I do not need more time to think it over.
I consent that the planed procedure is performed under anaesthesia.

Procedure: _____

Doctor: _____
Date Signature

Patient/Parents: _____
Date Signature

O copy received
O no copy necessary

Patient/Parents: _____
Date Signature