



MOGO
Day Surgery

Pre-Operative Anaesthetic Assessment

Pulse rate	Blood pressure	Weight	Height

Year	Operation / Surgical / Medical illness

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Medications	Dose & frequency

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-- ONLY PLACE A TICK OR CROSS TO THE RELEVANT BOXES --

Anaesthesia History	
<input type="checkbox"/> Are you pregnant?	<input type="checkbox"/> Full dentures
<input type="checkbox"/> Partial dentures	<input type="checkbox"/> Loose teeth
<input type="checkbox"/> Allergy to anaesthetic drugs	<input type="checkbox"/> Never had a general anaesthetic
<input type="checkbox"/> Nil complications of previous anaesthesia	<input type="checkbox"/> Complications to anaesthesia
<input type="checkbox"/> Family history of anaesthetic complications	<input type="checkbox"/> Adopted as a child
<input type="checkbox"/> Malignant hyperthermia	<input type="checkbox"/> Suxamethonium apnoea
<input type="checkbox"/> Medications include aspirin or warfarin	<input type="checkbox"/> Medications include Voltaren, Nurofen, diclofenac or ibuprofen
<input type="checkbox"/> Medications include Plavix, Iscover or clopidogrel	<input type="checkbox"/> Problems with opening mouth wide
<input type="checkbox"/> Joint replacements (knee, hip, shoulder)	<input type="checkbox"/> Stiff neck or reduced movement neck
<input type="checkbox"/> Allergy to intravenous contrast	<input type="checkbox"/> Allergy to antibiotics
<input type="checkbox"/> Allergy to iodine skin preparation	<input type="checkbox"/> Allergy to drugs
<input type="checkbox"/> Private health fund	<input type="checkbox"/> Veterans' Affairs

Cardiac History

- | | |
|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Open heart surgery |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Heart valvular disease |
| <input type="checkbox"/> Aortic / mitral valve replacement surgery | <input type="checkbox"/> Atrial fibrillation |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Lung clots / pulmonary embolism | <input type="checkbox"/> Coronary artery stents |
| <input type="checkbox"/> Deep venous thrombosis / DVT / deep leg clots | <input type="checkbox"/> Hyperlipidaemia / high cholesterol |
| <input type="checkbox"/> Angina on exertion | <input type="checkbox"/> Chest pain / chest tightness |
| <input type="checkbox"/> Aortic stenosis | <input type="checkbox"/> Mitral valve disease |
| <input type="checkbox"/> Congestive cardiac failure | <input type="checkbox"/> Pulmonary oedema / fluid on lungs |

Respiratory History

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Chronic bronchitis | <input type="checkbox"/> Recent head cold |
| <input type="checkbox"/> Pleural effusion | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Chronic obstructive airways disease | <input type="checkbox"/> Pulmonary fibrosis |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other lung disease |

Gastro-Intestinal History

- | | |
|---|---|
| <input type="checkbox"/> Acid reflux from stomach | <input type="checkbox"/> Acid reflux into mouth |
| <input type="checkbox"/> Heart burn | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Hiatus hernia | <input type="checkbox"/> Reflux not under control with medication |

Neurological History

- | | |
|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Mental health illness | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Brain tumours | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Mini strokes / TIA / transient ischaemic attack | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Paralysis |

Endocrine & Haematological History

- | | |
|--|--|
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Non insulin dependant diabetes |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insulin dependant diabetes |
| <input type="checkbox"/> Diet controlled diabetes | <input type="checkbox"/> Diabetic kidney disease / diabetic nephropathy |
| <input type="checkbox"/> Diabetic eye disease / diabetic retinopathy | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Iron deficiency | <input type="checkbox"/> Sickle cell anaemia |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Bleeding disorders / haemophilia / Von Willebrand's disease |
| <input type="checkbox"/> Severe liver disease | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Hepatitis or jaundice | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> HIV |

Drug & Alcohol History

- | | |
|--|---|
| <input type="checkbox"/> Consume more than 2 standard alcoholic drinks a day | <input type="checkbox"/> Consume 2 or less standard alcoholic drinks a day |
| <input type="checkbox"/> Ex heavy alcohol drinker | <input type="checkbox"/> Non alcohol drinker |
| <input type="checkbox"/> Binge weekend alcohol drinker | <input type="checkbox"/> Daily cigarette smoker |
| <input type="checkbox"/> Infrequent cigarette smoker | <input type="checkbox"/> Ex cigarette smoker |
| <input type="checkbox"/> Non smoker | <input type="checkbox"/> Regular drug use (heroin, cannabis, amphetamines, etc) |
| <input type="checkbox"/> Infrequent drug use (heroin, cannabis, amphetamines, etc) | <input type="checkbox"/> Ex drug user |

Patient's signature:

Date: