



Kroonveldlaan 50 - 9200 Dendermonde  
Koevliet 6 - 9240 Zele

Department for Anaesthesia  
Resuscitation- Pain Clinic  
Intensive Care

Dear Sir, Dear Madam,

You will be undergoing anaesthesia in the near future for a surgical procedure or an examination. It is of the utmost importance that the anaesthetist has the most complete information about your health, so that the anaesthesia can proceed as safely as possible. This is because some of the medicines you take regularly can cause the products used for the anaesthesia to react abnormally.

For this reason, we are requesting you, in your own interest, to fill in this questionnaire to the best of your ability, without withholding information regarding any medication. It goes without saying that this information will be treated with full medical confidentiality. Please hand this form to the Senior Nurse upon your arrival at the hospital.

Finally, we strenuously advise smokers to stop smoking as of this very moment, in anticipation of the procedure.

*Dr. B. Van Damme (Chef de Service), dr. R. Bruyndonckx, dr. A. Callewaert, dr. K. Mignolet, dr. E. Pannier, dr. J. Pauwels, dr. K. Persyn, dr. W. Swinnen, dr. J. Van Eester, dr. N. Van Langenhove, dr. I. Van Mol, dr. J. Van Praet, dr. P. Vandevoorde, dr. T. Vanhoutte, dr. S. Verdonck*

|                                     |                        |
|-------------------------------------|------------------------|
| Name patient :                      | First name :           |
| Address :                           |                        |
| Date of birth :                     |                        |
| Height :                            | Weight :               |
| Blood group :                       | General practitioner : |
| Name & telephone of contact person: |                        |



- l) Kidney disease (nierziekte) .....  Yes  No  
m) Infections (infecties) .....  Yes  No  
n) Eye disease (including glaucoma) (oogziekte (o.a. glaucoom) .....  Yes  No
12. Have you had jaundice ? .....  Yes  No  
If yes, when ? .....  
(Hebt u geelzucht gehad? Zo ja, wanneer)
13. Is anyone in your family or acquaintances currently suffering from jaundice .....  Yes  No  
(Heeft iemand in uw familie of omgang thans geelzucht?)
14. Only for female patients: (Enkel voor vrouwelijke patiënten)  
a) Are you pregnant or is there a possibility that you could be pregnant? .....  Yes  No  
(Bent u zwanger of mogelijks zwanger?)  
b) Date of last menstruation : .....  
(Datum van de laatste maandstonden)  
c) Are you on the pill ? .....  Yes  No  
(Neemt u de pil?)
15. Have you ever had a blood transfusion? .....  Yes  No  
If yes, were there any reactions during or after the transfusion? .....  Yes  No  
(Hebt u ooit een bloedtransfusie gehad? Zo ja, deden er zich tijdens of na de transfusie reacties voor?)
16. What is your blood group? (Wat is uw bloedgroep?) .....  
Do you have a blood group card ? (Hebt u een bloedgroepkaart?) .....  Yes  No  
If yes, where is it located? (Zo ja, waar bevindt die zich?) .....
17. Does your blood clot normally when you injure yourself or get a tooth extracted ? .....  Yes  No  
Do you bruise easily ? .....  Yes  No  
(Stoelt uw bloed normaal wanneer u zich kwetst of een tand laat trekken? Vertoont u gemakkelijk blauwe plekken?)
18. Do you take blood diluents or aspirins? .....  Yes  No  
(Neemt u bloedverduuners of aspirines?)
19. What medicines do you take or have taken in the last week? .....  
(Welke medicamenten neemt u of nam u de laatste week?)  
.....  
.....  
Have you taken cortisone or received cortisone injections in the last 6 months ? .....  Yes  No  
(Hebt u de laatste 6 maanden cortisone ingenomen of ingespoten gekregen?)
20. Do you have : (Hebt u:)  
- False teeth ? (valse tanden) .....  Yes  No  
- Bridge or crowns ? (bridge of kronen) .....  Yes  No  
- Loose teeth ? (losstaande tanden) .....  Yes  No  
- Piercings ? .....  Yes  No
21. Do you wear contact lenses ? (Draagt u contactlenzen?) .....  Yes  No  
Do you use eye drops ? Which eye drop: (Gebruikt u oogdruppels? Welke?) .....  Yes  No  
Do you wear a hearing aid ? (Draagt u een hoorapparaat?) .....  Yes  No
22. Do you have varicose veins? .....  Yes  No  
(Hebt u spataders (varices)?)
23. Do you practise sport ? .....  Yes  No  
Si oui, laquelle et à quelle fréquence ? .....  
(Doet u aan sport? Wat en hoe frequent?)
24. Are you easily short of breath or do you experience a tightness during an exertion ? .....  Yes  No  
(Bent u snel kortademig of beklemd bij een inspanning?)
25. Do you have flu or a cold at the moment ? .....  Yes  No  
(Hebt u op dit ogenblik griep of een verkoudheid?)
26. What is your:  
age (leeftijd): .....years  
height (lengte): .....cm  
Weight (gewicht): .....kg
27. Is there anything else you would like to mention ? .....  
(Wenst u nog iets te vermelden?)
28. Do you have an advance directive? .....  Yes  No

**DECLARATION OF CONSENT FOR ANAESTHESIA**

I, the undersigned

- Have carefully filled in the pre-operative questionnaire and I have fully understood all of the questions.
- I have read and understood the related brochure containing information about the course of the procedure, role of the anaesthesiologist, pre-operative examinations, types of anaesthesia, recovery room and possible side effects of the anaesthesia.  
*This information is also available on the website [www.azsintblasius.be](http://www.azsintblasius.be) (zorgaanbod > specialismen > anesthesie).*
- I have been informed that I can have a personal consultation with the anaesthesiologist, at the anaesthesiology consultation ward.  
*If you want to, you can make an appointment by calling the appointments desk at: 052 25 25 05.*
- I undertake to strictly comply with all pre-operative and post-operative guidelines.
- I have visited my family doctor to have him/ her fill in the pre-operative records and I have had the necessary pr-operative examinations performed.
- I have been sufficiently informed about the anaesthesia and consent to the necessary anaesthetics.
- In case of medical emergency, I consent to other medical interventions being carried out than the planned form of anaesthesia.

Please sign and mention in your own handwriting the following words “read and approved” (where applicable, the name and signature of the legal representative)

|  |                                 |
|--|---------------------------------|
| Patient name and address<br>.....<br>..... | Date: .....<br>Signature: ..... |
|--|---------------------------------|

**DECLARATION OF CONSENT FOR BLOOD TRANSFUSION**

In very exceptional situations, a blood transfusion may be necessary for medical reasons. Whenever possible, the attending physician will explain in advance the reason for a transfusion and its benefits. You can read the information on blood transfusions in the “Information on anaesthesia and blood transfusion” leaflet you received with this questionnaire (section 4). Please give your consent below for a blood transfusion in case one is medically necessary.

I, the undersigned),

- Confirm that I have read and understood the information brochure with the section “Transfusion: administration of blood and blood products”
- Acknowledge that I have all the information I consider necessary in order to freely make a well-considered decision
- Am aware that a personal conversation with my doctor regarding blood transfusions is always possible
- Know my current health status
- Am aware of the purpose and nature of blood transfusion and the possible advantages and disadvantages/ complications
- Have taken note of the possible alternatives
- Am aware of the chances of success and potential problems relating to my recovery
- Am aware of the possible consequences of not having a blood transfusion carries out in case of medical necessity
- Am aware of the duration and frequency of aftercare
- Know that I have the right to cancel the blood transfusion or have it stopped at any time

Please Tick:

- I hereby consent to have carried out on me, in case of medical necessity, a blood transfusion or any other medical act deemed necessary resulting from the transfusion.
- I refuse a blood transfusion

Please sign and mention in your own handwriting the following words “read and approved”

|  |                                |
|--|--------------------------------|
| Patient name and date of birth<br>.....<br>..... | Date: .....<br>Signature ..... |
|--|--------------------------------|

**CONFIRMATION BY ANAESTHESIOLOGIST** (Reserved for the anaesthesiologist)

I confirm that the patient (parent/guardian of the patient) has been sufficiently informed about the anaesthesia and the possibility of a blood transfusion. The patient understands the benefits and possible risks. In consultation with the patient, the following anaesthetic technique is selected :

- General anaesthesia
- sedation
- loco-regional anaesthesia.

Mallampati classification : 1 - 2 - 3 - 4

ASA classification : .....

Signature :

| <b>ANESTHESIST</b>                          |                 |  |
|---|-----------------|--|
| <input type="checkbox"/> Dr. R. Bruyndonckx | 1 /73099/46/109 | <input type="checkbox"/> Dr. B. Van Damme      |
| <input type="checkbox"/> Dr. A. Callewaert  | 1/35097/24/100  | <input type="checkbox"/> Dr. J. Van Eester     |
| <input type="checkbox"/> Dr. T. Issaev      | 1/98802/48/100  | <input type="checkbox"/> Dr. N. Van Langenhove |
| <input type="checkbox"/> Dr. K. Mignolet    | 1/08241/11/100  | <input type="checkbox"/> Dr. I. Van Mol        |
| <input type="checkbox"/> Dr. E. Pannier     | 1/47457/80/100  | <input type="checkbox"/> Dr. J. Van Praet      |
| <input type="checkbox"/> Dr. J. Pauwels     | 1/47769/59/100  | <input type="checkbox"/> Dr. P. Vandevoorde    |
| <input type="checkbox"/> Dr. K. Persyn      | 1/45479/21/100  | <input type="checkbox"/> Dr. T. Vanhoutte      |
| <input type="checkbox"/> Dr. W. Swinnen     | 1/07912/49/100  | <input type="checkbox"/> Dr. S. Verdonck       |
|   |                 | 1/09423/90/109                                 |
|   |                 | 1/19524/77/100                                 |
|   |                 | 1/47927/95/100                                 |
|   |                 | 1/18298/42/100                                 |
|   |                 | 1/45115/95/100                                 |
|   |                 | 1/45611/56/100                                 |
|   |                 | 1/09897/04/100                                 |
|   |                 | 1/45902/83/100                                 |