Kantonsspital Graubünden
Department ANIR (Anesthesia, Emergency Medicine and Intensive Care)
Institute for Anesthesiology and Pain Medicine KSGR

Kantonsspital Graubünden

Anesthesia questionnaire

Patientenetikette

Dear Patient/Parent

We are very pleased that you chose Kantonssspital Graubünden for your surgical procedure. To assess your health status and anesthetic risk we would like to ask you to fill out this questionnaire. We are well aware that you have to answer some of the questions multiple times and apologize for this. This is necessary because of organizational and safety reasons.
Please keep this sheet and questionnaire ready for your talk with your anesthesiologist. Thank you for your cooperation.

Telefone number (mobile number) where you can be reached easily: ……...

	Yes	No
Can you climb two flights of stairs?	☐	☐
Have you ever experienced an uncommon reaction (allergy) from medications, e.g. antibiotics (penicillin, cephalosporines), narcotics, latex, dressings, iodine, insect bites or others? If yes, from what ?..... What was the reaction?.....	☐	☐
Bleeding/Coagulation • Have you or your family member (consanguineous) ever experienced prolonged bleeding? If yes, under what circumstances? • Have you ever experienced prolonged bleeding after surgery or dental procedure? • Have you ever experienced prolonged bleeding from your nose (> 10min)? • Women: have you ever experienced prolonged menstrual bleeding (> 7 days)?	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Do you take any anticoagulants or platelet aggregation inhibitors (e.g. Xarelto, Eliquis, Pradaxa, Aspirin, Plavix, Brilique, Sintrom, Marcoumar, Fragmin, Fraxiparine, Fraxiforte, Clexane)? If yes, which one?	☐	☐
Are you on regular medications? If yes which one? If you have a mediation list please provide the details	☐	☐

Medication	mg	Morning	MIdday	Evening

	Yes	No
Are you suffering from: High blood pressure (arterial hypertension), low blood pressure ?	☐	☐
Cardiac disease, chest pain, heart attack?	☐	☐
Cardiac arrhythmias, atrial fibrillation, irregular heart beat ? Do you have a pacemaker or implantable defibrillator ?	☐ ☐	☐ ☐
Lung disease, asthma, chronic bronchitis/COPD ?	☐	☐
Gastric ulcer, gastric reflux?	☐	☐

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Diabetes?	☐	☐
Rheumatoid arthritis?	☐	☐
Thryoid disease (Hyper-, hypothyroidism)?	☐	☐
Liver disease, jaundice, hepatitis, AIDS?	☐	☐
Epilepsy, migraine, stroke?	☐	☐
Muscle disease, muscle weakness, malignant hyperthermia, multiple sclerosis?	☐	☐
Back pain, palsy, herniated disc?	☐	☐
Renal disease?	☐	☐
Chronic pain, panic attacks, psychiatric disease (depression, bipolar disease)?	☐	☐
Have you are any of your relatives ever experienced a severe adverse event with anesthesia (malignant hyperthermia?	☐	☐
For female patients: are you pregnant?	☐	☐
Do you smoke? If yes how much?	☐	☐
Do you drink alcohol regularly? If yes how much?	☐	☐
Do you take recreational drugs? If yes what kind? How much and how often?	☐	☐
Do you have loose teeth? Dentures/Bridges/Pivot teeth?	☐	☐
Have you had surgery before?	☐	☐
Did you ever experience nausea and/or vomiting after anesthesia?	☐	☐
Your weight? Weight of your child? .....kg Your height? Height of your child?.....cm		

If yes, what surgery?	When and where?

.....

Place, Date Signature Patient/Parent

For questions, do not hesitate to contact us at any time:
Anesthesia consultation office: Tel. 081 256 76 30 (Secretary) 09:00 – 16:30 or
081 256 65 08 (on-call anesthesiologist)