

## INFORMATION ABOUT PATIENT'S HEALTH CONDITION

All information given here are bound with the obligation of medical secrecy and are given to care about your safety. Answer all the questions precisely. If you have any problems, omit the question and clarify it with a doctor. Undermentioned questions are given to gather information necessary to choose right treatment procedures and to choose appropriate anaesthesia before treatment.

..... ID / passport\* number 

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Patient's name

Telephone number..... Address.....

Do you feel generally healthy? YES  NO

Have you been hospitalized during the last 2 years? YES  NO

If yes, for what reason: .....

Are you undergoing any treatment? YES  NO

If yes, what treatment exactly: .....

Do you take any drugs? (especially aspirin, anticoagulant drugs) YES  NO

If yes, what drugs: .....

Are you allergic to something? YES  NO

If yes, what to: .....

Have you ever had:

|             |  |           |  |
|-------------|--|-----------|--|
| suffocation | YES <input type="checkbox"/> NO <input type="checkbox"/> | swellings | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| hives       | YES <input type="checkbox"/> NO <input type="checkbox"/> | itch      | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Do you have tendency to haemorrhages? YES  NO

Have you ever fainted or lost consciousness? YES  NO

Do you have a pacemaker? YES  NO

Have you ever been ill on:

**heart diseases** (heart attack, coronary disease, heart defect, cardiac arrhythmias, myocarditis) YES  NO

**other circulatory system disorders** (hypertension, low blood pressure, faints, dyspnoea) YES  NO

**blood vessels diseases** (varices, veins inflammation, incorrect blood supply, shanks' pain while walking) YES  NO

**lungs diseases** (emphysema, pneumonia, tuberculosis, asthma, chronic bronchitis) YES  NO

**digestive system diseases** (chronic gastric ulcer disease, chronic duodenal ulcer disease, intestines diseases) YES  NO

**liver diseases** (lithiasis, hepatitis, cirrhosis) YES  NO

**urinary system diseases** (nephritis, nephrolithiasis, urinating problems) YES  NO

**metabolic diseases** (diabetes, gout) TAK  NO

**thyroid diseases** (hyperthyroidism, hypothyroidism, struma nodosa neutralis) YES  NO

**nervous system diseases** (epilepsy, paresis, losses of consciousness, paralysis, disturbances of sensation, myasthenia) YES  NO

**osteoarticular system diseases** (radicular pains, degenerative disorders of spine or joints, states after bone fractures) YES  NO

**blood and blood coagulation diseases** (haemophilia, anaemia, tendency to bruises, epistaxis, long haemorrhages after tooth extraction) YES  NO

**eyes diseases** (glaucoma) YES  NO

**mood shifts** (depression, neurosis) YES  NO

**infectious diseases** YES  NO

|                        |  |      |  |
|------------------------|--|------|--|
| infectious hepatitis A | YES <input type="checkbox"/> NO <input type="checkbox"/> | AIDS | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|------|--|

|                        |  |              |  |
|------------------------|--|--------------|--|
| infectious hepatitis B | YES <input type="checkbox"/> NO <input type="checkbox"/> | tuberculosis | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|--------------|--|

|                        |  |                  |  |
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| infectious hepatitis C | YES <input type="checkbox"/> NO <input type="checkbox"/> | venereal disease | YES <input type="checkbox"/> NO <input type="checkbox"/> |
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**rheumatic disease** YES  NO

