

## PATIENT INFORMATION AND MEDICAL QUESTIONNAIRE FOR MINOR SURGERY

PROCEDURE		ADDRESS
SURNAME		
FIRST NAME(S)		
DATE OF BIRTH		
PHONE NUMBER		
EMAIL		
GP/PRACTICE		

### MEDICAL AND SURGICAL HISTORY - Other issues must be recorded below or in the main patient record

	YES	NO		YES	NO
Cardiac or vascular disease			Haematological disease		
Hepatic disease			Neurological disease		
Renal disease			Respiratory disease		
Diabetes			Connective Tissue disorders		
Blood borne infections or previous MRSA wound infection?			Known allergies		
Known to be at risk of developing CJD or New Variant CJD or had hormone injections prior to 1986			Takes non-prescription drugs, supplements including complementary therapies.		

Please give details of the above and include any details of issues not included above:

### GENERAL PROCEDURAL CONSIDERATIONS REGARDING PATIENT

Does the patient have:	YES	NO	Relevant details:
Any specific equipment needs?			
Any special investigation requirements?			
Any other planned surgery forthcoming?			

### ANAESTHESIA ASSESSMENT

Has the patient had:	YES	NO	N/A	Relevant details:
A local anaesthetic before?				
An adverse reaction to a local or general anaesthetic?				
Pregnant in first trimester or breast-feeding?				
Is the patient suitable for local anaesthesia?				

Clinician to Complete What is the patient's ASA grade? (Circle grade.)	1 2 3 4	Patient's weight	KG
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