

DATE

**Private Dental Centre
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Preoperative anesthetic survey

The aim of anesthetic is to provide the greatest safety and comfort to our patients during surgery, or diagnostic tests. Anesthetic tries to eliminate the pain by giving painkillers, or general anesthesia. Anesthesia only marginally burdens the body. Anesthetic controls the actions of the body (heart, lungs) during the surgery, and immediately cures the complications.

Preoperational survey is aimed at obtaining information based on which it shall be possible to select the most advantageous anesthetic approach. Your cooperation shall add to optimal anesthesia application. Please kindly reply to questions below, and during conversation with an anesthesiologist, feel free to ask further questions and be sure to sign anesthesia consent only in his/her presence.

Surname **Name**

Date of birth **Personal identity number**

Weight **kg** **Growth** **cm**

Address

1. Have you been under treatment of some illnesses in the last 12 months?
.....**Yes**.....**No**
2. If so, what illness.....
3. What medications do you take?
4. Have you taken some medicines today?**Yes**.....**No**
What kind of?
5. Have you ever been subject to operation?**Yes**.....**No**
If yes, which years?
a).....year.....
b).....year.....
c).....year.....
d).....year.....
6. Have you tolerated anesthesia(s) well?**Yes****No****I don,t know**
7. Have you had blood transfusions?**Yes****No****I don,t know**
a) Kiedy?.....
b) Have there been any complications related to blood transfusion?
.....**Yes****No****I don,t know**

Have you suffered from the following diseases:

8. Heart diseases (ischemia, myocardial infarction, arrhythmias, heart defect)
.....**Yes****No****I don,t know**
9. Cardiovascular disease (high blood pressure, low blood pressure, shortness of breath, rapid fatigue)
.....**Yes****No****I don,t know**
10. Vascular disease (atherosclerosis, varicose veins, pain in the calves when walking, cold legs, calf cramps, poor blood supply to the limbs, phlebitis)
.....**Yes****No****I don,t know**
11. Lungs diseases (pneumonia, tuberculosis, emphysema, pneumocosis, asthma, obstructive lung disease)
.....**Yes****No****I don,t know**
12. Respiratory system diseases
.....**Yes****No****I don,t know**
13. Ulcers of the stomach or duodenum, heartburn, gastritis, pancreatic, jaundice, gallbladder illness, hepatitis
.....**Yes****No****I don,t know**

14. Liver diseases:YesNoI don,t know
15. Kidney disease (nephritis, kidney stones, difficulty in urinating)YesNoI don,t know
16. Diabetis, gout, poryphyriaYesNoI don,t know
17. Thyroid diseases (hyperthyroidism, hypothyroidism, neutral goiter)YesNoI don,t know
18. Eye diseases (glancoma)YesNoI don,t know
19. Celebral apoplexy, loss of consciousness, seizures, epilepsy, nerve palsiesYesNoI don,t know
20. Nerve disease (depression, neurosis)YesNoI don,t know
21. Problems related to spine, bones, jointsYesNoI don,t know
22. Do you suffer from longer blood coagulation process when cuts occur?YesNoI don,t know
23. Allergies (hay fever, rash, food allergies,medicines, plaster, iodine)YesNoI don,t know
24. Do you suffer from any other diseases not mentioned above?.....YesNoI don,t know
If so, to what?.....
25. Have you been cured in different medical facilities?YesNoI don,t know
26. Did you have any treatments violating skin layer in the last 6 months? (injections, blood collection, biopsy, drip, acupuncture, allergy tests)YesNoI don,t know
27. Did you use beauty services in the last 6 months?YesNoI don,t know
When?..... Where?.....
28. Have you got a tattoo?YesNo
29. Are you vaccinated against hepatitis?YesNo
If yes, where?.....
30. Did you have contact with a person with hepatitis within last 6 months?YesNo
Where?.....
- Dose 1..... Dose 2..... Dose 3.....
31. Are you pregnant?YesNoI don,t know
32. When was your last menstruation?.....YesNoI don,t know
33. Do you have dentures/and/or contact lenses?YesNo
34. Do you smoke cigarettes?YesNo
If so, how many?.....YesNo
35. Do you drink on a regular a basis?YesNo
36. Do you take sedatives or sleeping medicines?YesNo

I declare that I answered all the questions frankly.
I case of change of my health I will immediately inform the doctor.
I realize that it is the secret data.
I allow you to perform necessary X-rays of teeth.

PATIENT'S STATEMENT
(to be filled out at the Clinic)

Drhas talked to me and explained in detail the issue of anesthesia for operation purpose. During this conversation I could ask about all anesthesia problems that seemed interesting to me, including the risk and other perioperative circumstances. I have understood everything clearly, I have no further questions thereto and so I agree to anesthesia and the related procedure before, during and after the operation.

Questions to doctor:.....
.....

CONSENT TO PERFORM SURGERY UNDER GENERAL ANESTHESIA

I declare that I was informed that according to general rules the patient should be vaccinated against viral hepatitis if was not vaccinated earlier. In case of first vaccination, two vaccinations with monthly break give effective protection against viral hepatitis. The treatment can take place at least two weeks after second vaccination. If the patient does not decide for vaccination, and signs the consent for the surgery he/she automatically resigns of any claims from Private Dental Centre Maciej Kozlowski if he/she gets infected with hepatitis. I declare that I was informed about all possible complications associated with the treatment under general anesthesia.

Possible complications associated with the treatment are: headaches, nausea, hoarseness, vomiting, aspiration of gastric contents resulting in pneumonia, damage to the teeth, lips, cheeks, pharyngeal cavity associated with the airway, trachea and the the vocal cords damage, corneal injury, ear inflammation, muscle pain, swollen area points of support of the body, inflammation of the veins, respiratory complications, neurological complications, circulatory failure, cardiac arrest, the occurrence of malignant fever.

The danger of possible complications depends of comorbidities, and the reasons of surgery, age of the patient, the use of stimulants (alcohol, nicotine, drugs).

I agree to perform dental procedureds under general anesthesia on an outpatient basis. I agree to justified medical changes in anesthetic proceedings, including change of anesthesia type, also drip or intravenous and possible hospitalization.

I consent to the removal of teeth that according to the dentist performing the treatment are not eligible for conservative treatment.

I declare that I didn't eat since.....and I didn't drink since.....

.....
DOCTOR'S SIGNATURE

.....
PATIENT'S SIGNATURE

Medical attention

I received post-surgery recommendation

.....
patient's/legal guardian signature and date