



Name: _____	NHI: _____

Sex: _____	DOB: _____
Hospital: _____	

(Attach Patient Label or complete details)

To help us provide the best care possible, please take the time to answer the following questions about yourself / your child / your ward:

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____

Address: _____ City: _____

Email Address: _____

Phone (hm): _____ Phone (wk): _____ Mobile: _____

Proposed Operation: _____

Surgeon: _____ Proposed Operation Date: _____

General Practitioner: _____ Medical Practice: _____

PERSONAL DETAILS:

ETHNICITY

NZ Maori NZ Pakeha Asian Pacific Island European Other _____

MARITAL STATUS

Married Divorced Single De-facto Separated

Religion (please state): _____

Contact person who will accompany you during your operation and will be staying with you post operation.

Name: _____ Phone (hm): _____

Address: _____ Phone (wk): _____

_____ Cell phone: _____

Relationship to you: _____
e.g. partner, friend

The person receiving the operation / parent or guardian, please answer the following questions:

Do you need an interpreter? Yes No Language: _____

Previous hospital admissions Yes No
(Please continue over the page if you require more space.)

Do you have any allergies (e.g. medicines, sticking plaster, food)? Yes No Details: _____

Do you take any medications? Yes No
(pills, blood thinners, puffers, herbal medication, etc). Details: _____

Do you have any problems with your neck or opening your mouth? Yes No Details: _____

Do you have any health problems other than for your planned surgery / procedure? Yes No Details: _____

Have you or any of your family members remembered having had a problem with an anaesthetic or sedation? Yes No Details: _____

Do you wear dentures, a partial plate, contact lenses, a hearing aid or have a loose tooth? Yes No Details: _____

Do you have shortness of breath or chest pain with activity such as climbing one flight of stairs? Yes No Details: _____

Do you smoke? Yes No If yes, number per day: _____

PRE-OPERATIVE QUESTIONNAIRE

