Pre-Anaesthesia Questionnaire (Child) cont'd

Name_____ **Age** _____

16. Does your child have or ever had any of the following?

	Yes	No	Not Sure			Yes	No	Not Sure
Heart murmur					Croup			
Congenital heart disease					Other lung diseases			
Chest pain or angina					Cancer / Chemotherapy			
Heart pacemaker/defibrillator					Fainting spells, dizziness			
Irregular heart beat/arrhythmia					Thyroid problems			
Damaged/abnormal heart valves					Glaucoma or vision problems			
Rheumatic fever					Muscular dystrophy			
Liver disease / Jaundice					Arthritis			
Hepatitis					Bone, joint or muscle problems			
Blood / Coagulation disorders					Stomach ulcers/Acid reflux			
Anemia (including sickle cell)					Sleep apnea			
Thalassemia					Pseudocholinesterase deficiency			
Kidney disease					Malignant hyperthermia			
Adrenal gland problems					Epilepsy/ Seizures/convulsions			
Diabetes					Cerebral palsy			
HIV, AIDS					Down's syndrome			
Asthma					Autism			
Cystic fibrosis / Tuberculosis					Mentally disabled			

		Yes	No	Not Sure
17.	Does your child have any difficulty breathing through their nose?	☐	☐	☐
18.	Does your child have any nose bleeds? If so, how many per week? _____	☐	☐	☐
19.	Does your child have problems running around and playing freely?	☐	☐	☐
20.	Does your child get short of breath very easily?	☐	☐	☐
21.	Does your child ever turn a blue colour and/or faint when trying to run or play?	☐	☐	☐
22.	Does your child have any problems opening his/her mouth wide?	☐	☐	☐
23.	Does your child have any problems moving his/her neck freely?	☐	☐	☐
24.	Has your child ever had surgery and/or radiation treatment for a tumour or cancer?	☐	☐	☐
25.	Does your child smoke?	☐	☐	☐
26.	If your child is of child bearing age, is she pregnant?	☐	☐	☐
27.	Does your child have any loose teeth (especially front teeth)?	☐	☐	☐
28.	Does your child have ANY disease, condition or problem not mentioned so far?	☐	☐	☐

29. **How much does your child weigh?** _____

30. Additional comments: _____

Signature: **Date:**

Relationship: **Parent** **Guardian** **Patient**