KLINIK ST. ANNA
ST. ANNA IN MEGGEN
ST. ANNA IM BAHNHOF

HIRSLANDEN

DOCUMENTS TO BE SENT BY THE ATTENDING SURGEON:
- **By email to: patientenanmeldung.stanna@hirslanden.ch**
- **Via Doc Box**

HEALTH QUESTIONNAIRE

PERSONAL DETAILS

Family name	Date of birth
First name	Telephone
Address	Mobile
Profession	
Your family doctor (name, address)	

PLANNED SURGERY

What surgery will be performed?

PREVIOUS SURGERY

Have you ever had problems with anaesthesia during previous operations? If yes, what problems: _____	☐ Yes	☐ No
Were there ever complications with previous operations? If yes, what problems: _____	☐ Yes	☐ No

CURRENT STATE OF HEALTH

Height (cm) _____ weight (kg) _____

Have you ever had / do you have one or more of the following health issues?

Heart disease (e.g. angina pectoris, heart attack, stents, cardiac insufficiency, heart valve disorders)	☐ Yes	☐ No
Cardiac arrhythmias (atrial fibrillation, wearer of a pacemaker or defibrillator)	☐ Yes	☐ No
High blood pressure (please also tick if well controlled by medication)	☐ Yes	☐ No
Can you climb two flights of stairs without experiencing breathing difficulties?	☐ Yes	☐ No
Lung disease (e.g. COPD, asthma, home oxygen, pulmonary embolism)	☐ Yes	☐ No
Sleep apnoea (please bring your therapy device to the clinic).	☐ Yes	☐ No
Stroke (cerebral haemorrhage or cerebral infarction)	☐ Yes	☐ No
Blood diseases or blood clotting disorders (e.g. thrombosis, bleeding after dental treatment, surgery, menstruation)	☐ Yes	☐ No
Have you been diagnosed with anaemia?	☐ Yes	☐ No
Renal disease or liver disease	☐ Yes	☐ No
Metabolic disorder (e. g. thyroid gland, cholesterol, uric acid)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No

Stomach issues (e.g. reflux. heartburn, stomach bypass, gastric band)	☐ Yes	☐ No
Neurological disease (e.g. epilepsy, Parkinson's, paralysis, neurosimulator)	☐ Yes	☐ No
Serious muscle disease (e.g. myopathy, muscular dystrophy)	☐ Yes	☐ No
Mental illness (e.g. depression, panic attacks, burnout)	☐ Yes	☐ No
Is there a chance that you are pregnant?	☐ Yes	☐ No
Do you have currently cancer? If yes, which one: _____	☐ Yes	☐ No
Allergy or intolerance? If yes, what problems: _____ (Please bring your allergy card with you to hospital.)	☐ Yes	☐ No

Do you take more than two medications a day?	☐ Yes	☐ No
Are you taking any blood-thinning medications? If yes, which ones: _____	☐ Yes	☐ No

Do you drink more than 300 ml of spirits or 500 ml of wine or 1 l of beer a day?	☐ Yes	☐ No
Do you smoke more than 20 cigarettes a day?	☐ Yes	☐ No
Did/do you take drugs? If yes, what drugs? _____	☐ Yes	☐ No

REMARKS

Date: _____ Patient signature: _____
(Not required for electronic submission.)

TO BE COMPLETED BY THE SPECIALIST PROVIDING TREATMENT

Does the surgeon have preoperative documents available?	☐ Yes	☐ No
The patient needs a preoperative examination by the family doctor:	☐ Yes	☐ No

Date: _____ Attending surgeon:

SEND

An examination by the family doctor is compulsory if:
- **at least one red or two blue fields have been checked,**
- **the patient is older than 70,**
- **the procedure is risk class B or C.**

If you have any questions about the completion of the questionnaire, please contact:
- Klinik für Anästhesie, Intensivmedizin und Schmerztherapie,
  T +41 41 208 33 88, email: kais@hirslanden.ch

02/22 bc medien ag