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?

Are you seriously overweight (BMI>40)?	☐ Yes	☐ No
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)	☐ Yes	☐ No
Sleep apnoea (please bring your therapy device to the clinic).	☐ Yes	☐ No
Pulmonary embolism and/or thrombosis	☐ Yes	☐ No
Stroke (cerebral haemorrhage or cerebral infarction)	☐ Yes	☐ No
Blood diseases or blood clotting disorders (e.g., bleeding after dental treatment, surgery, menstruation)	☐ Yes	☐ No
Have you been diagnosed with anaemia?	☐ Yes	☐ No
Renal disease	☐ Yes	☐ No
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
Were you hospitalised abroad during the past six months?	☐ Yes	☐ No
Are you being or have you been treated for cancer during the past 12 months?	☐ 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
For what conditions do you take further medication? ☐ High blood pressure ☐ Cardiac arrhythmias ☐ Diabetes ☐ Other: ____________		

Do you smoke? If yes, how much per day: ____________ For how many years: ____________	☐ Yes	☐ No
Do you drink alcohol? If yes, how much per day: ____________	☐ Yes	☐ No
Did/do you take drugs? If yes, what drugs? ____________	☐ Yes	☐ No

REMARKS

TO BE COMPLETED BY THE SPECIALIST PROVIDING TREATMENT

The patient needs a preoperative examination by the family doctor: ☐ Yes ☐ No

Date: ____________ Attending surgeon: ____________

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

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