ANESTHESIA QUESTIONNAIRE - adult

This questionnaire briefs us about your health state. For best results of procedure please take your time to fulf	ill it thorc	oughly.
Name:		
Address:		
Phone No: ID No: CZ health insurance: age: kg profession: profession:		
Did you visit a physician last year? (mark correct answer, please)	Yes o	No o
If yes, for which disease?		
Going more than two floors, do you need to take a rest?	Yes o	No o
Are you taking any medication on a regular way?		No ○ S,
Have you ever had a sedation, analgosedation or general anesthesia?		No ○ No ○
Any complication with general anesthesia with your blood relations?	Yes ○	No o
Have you ever got ill with any disease serious enough to need medical help?	Yes \circ	No o
If so, which one?		
Have you any allergy (medication, food, asthma)	Yes \circ	No o
If so, which one?		
Do you sometimes perceive heartburn (pyrosis)?	Yes \circ	No o
Any removable dental prosthesis or braces?	Yes \circ	No o
Do you smoke?	Yes ○ Yes ○	No ○ No ○
For women – are you pregnant ?		No o
Important:		
It is necessary for your safety to come on an empty stomach – no food 6 hours before yo and no drink 2 hours before procedure, neither water. Within 6 to 2 hours before proced drink only plain water, or tea without solid parts. Tea or water could be with added suga solid parts. Any other fluid, especially cow milk, milky shakes and thicker juices could before procedure, not later. Please remove your makeup before procedure in case you are	dure you r, witho e drunk	u could out any k 6 hou
INFORMED CONSENT WITH ANALGOSEDATION		
I demand performing of dental procedure in analgosedation. I read information and recommendation I have understand them and I am willing to follow them. I had an option to ask for more		
Date: Signature:		

INSTRUCTIONS TO FOLLOW BEFORE THE MEDICAL PROCEDURE

For your safety, it is important not to eat anything 6 hours before the procedure. Until 2 hours before the procedure, you could only drink non carbonated water, infused water, or light tea. Please do not drink any other drinks, such as milk, juice, thick liquids and alcohol for 6 hours before the procedure. We recommend not to smoke one week before the procedure at least .

If you are taking any medications regularly, do not stop taking them, unless your doctor tells you otherwise. If you use it, bring your inhaler with you, as well as all your eventual medication used for an immediate relief.

If you are taking any medication regularly, we appreciate a report of your doctor who prescribes them. Preferably with a brief description of your medical condition.

On the day of procedure do not wear any makeup or nail polish. We recommend not to take any jewelry or piercings. We are not liable for a loss or damage.

Please arrange for an adult relative or friend to take you at home after the procedure. If you live alone, we recommend to ask someone close to stay overnight with you. Your companion should arrive at the end of your procedure at last. Please make sure not to drive a car, nor rely on your skills for your safety 24 hours after the procedure. Also after the procedure, please feel free to contact us, or emergency services at your convenience.

Please come 30 minutes before your scheduled procedure. In case there are children clients before your procedure, your scheduled time could be changed. We apologize in advance for eventual incovenience.

Please feel free to contact us for any question.

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