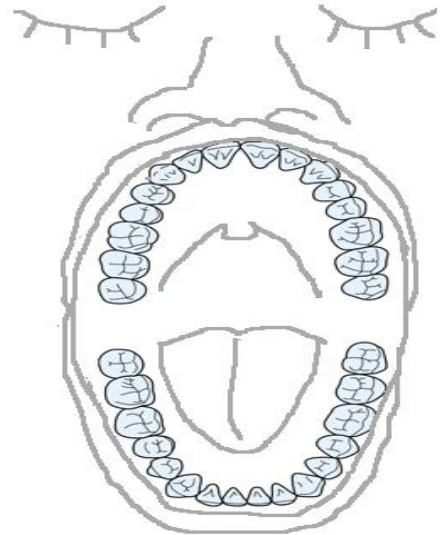




9. The condition of your teeth will need to be confirmed through the Anesthesia Department as the respiratory tract will need to be managed during the administration of anesthesia. Please indicate the current condition of your teeth using the diagram to the right. Clearly note any loose teeth, false teeth, ceramic teeth, or implants including teeth implants.

Please cross out any teeth in the diagram that are absent.

Other information:



( )

\*We recommend consulting a local dentist in advance if you have any teeth with significant wobble or are in poor condition.

10. Smoking History: Smoked \_\_\_ cigarettes/day for \_\_\_ years. (Quit smoking for \_\_\_ days/months/years) • NO

11. Drinking History: Every day/ Every week/ Sometimes • NO

12. Do you snore, or have you been told you do? ( YES • NO )

13. Do you have motion sickness? ( YES • NO )

14. Medications prescribed outside our hospital.

\*If specific drug names unknown, please give a general description (i.e. "2 medicines for blood pressure")

Please indicate any supplements, over the counter medications, or health foods that you use regularly.

15. Are you pregnant or is there a possibility that you are pregnant? ( YES • NO )

16. Do you currently breastfeed? ( YES • NO )

If yes, do you wish to visit the 'Pregnancy and Medicine' outpatient clinic?

(Not covered by Japanese National Health Insurance) ( YES • NO )

17. Height \_\_\_\_\_cm/in. Weight \_\_\_\_\_kg/lbs.

18. At St. Luke's International Hospital, patients are treated with blood transfusion when deemed medically necessary.

Do you agree to undergo blood transfusion? ( YES • NO )

19. Do you have any questions, comments, or concerns in regards to anesthesia? Please write any in the space below.

\*Anesthesia Outpatient consultations are generally conducted by a pharmacist, perianesthesia nurse, and an anesthesiologist.

Please write down any questions, concerns or comments that you have in regards to anesthesia and bring them to your Anesthesia Outpatient appointment.

( )

Thank you very much for your cooperation.

**Please be sure to remove all accessories for surgery, and be sure to remove any manicure or gel nails prior to admission.**

**Rings left on may need to be cut off during the procedure.**

**St. Luke's International Hospital**

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