

Pediatric Pre- Anesthesia Questions

Date: yy/mm/dd _____

Name of Child		Date of Birth	yy/mm/dd	Age	
Nickname		Phone Number	Home Phone		
Name of Parent			Work / Cell Phone		

Please complete this form to provide information (regarding your child's medical condition) and give it to the outpatient staff today.

The aim of anesthesia is to relieve pain during surgery and to keep the effect of surgery to the body minimum. At our hospital, an anesthesiologist will be in charge of anesthesia, and an appropriate technique will be planned for your child. In order to learn the condition of your child's body in advance, please answer the following questions below.

Gestational age: _____ weeks、Birth weight: _____ grams、Length of stay at hospital after birth: _____ days

Has your child received ventilator treatment? YES NO

If YES, at (Neonatal period ▪ years old)for _____ days

Has your child received oxygen treatment? YES NO

If YES, at (Neonatal period ▪ years old)for _____ days

Has your child been diagnosed with cardiac or lung disease? YES NO

If YES, what was the diagnosis? _____

Does your child wheeze or breathe hard during a cold? YES NO

Has your child been diagnosed with asthma? YES NO

When do the asthma attacks happen? (At random ▪ Seasonal ▪ Weather ▪ Currently not treated ▪ Other)

Recent attack: yy/mm/dd _____ Treatment? _____

Has your child had severe allergic reactions in the past? YES NO

What was the cause of allergy? Medication: _____ Food: _____

What kind of symptoms? (Rashes , shock, unconsciousness)

Does your child easily get skin symptoms to tape or contact to skin? YES NO

Does your child have seizures or lose consciousness?

Has your child received general anesthesia before? YES NO

At (age _____ , for _____ surgery. Which hospital? _____)

Were there any abnormal reactions to general or local anesthesia? YES NO

Were there any worrying symptoms with that anesthesia? YES NO

Are there any blood relatives who have had abnormal reactions to general or local anesthesia? YES NO

Other than the above, are there any diseases or problems that have been pointed out/currently treated? YES NO

When and what : _____

Current medications : Name of medicine: _____

If you have any inquiries about anesthesia, please feel free to let us know.

Thank you for your cooperation.

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