

Anesthesia Service Casa di Cura "S. Camillo"  
Supervisor Dr. R. Marchesi

Other heart diseases	NO	YES .....
Arterial hypertension	NO	YES .....
Diseases of the kidney, bladder, prostate	NO	YES .....
Liver disease (hepatitis, cirrhosis .....	NO	YES .....
Gastrointestinal diseases (gastritis, peptic .....	NO	YES .....
Diabetes mellitus	NO	YES .....
Thyroid disease	NO	YES .....
Blood diseases	NO	YES .....
Diseases of the nervous system	NO	YES .....
Epileptic seizures	NO	YES .....
Psychiatric disorders (anxiety, depression, panic attacks ...)	NO	YES .....
Autoimmune diseases	NO	YES .....
Muscle disease (myasthenia, dystrophies .....	NO	YES .....
Glaucoma	NO	YES .....
Phlebitis and/or varicose veins	NO	YES .....
Headache	NO	YES .....
Skeletal diseases	NO	YES .....
Have you ever been subjected to surgical intervention ?	NO	YES If so, which ones ?.....

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To what type of anesthesia you have been subjected ?      General   Spinal   Nerve block anesthesia   Local  
Did you have unusual reactions or complications related to anesthesia ?   NO   YES   If so, which ones?

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Someone in your family had unusual reactions after general anesthesia ?   NO   YES   If so, which ones?

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Have you ever been hospitalized for other reasons ?      NO   YES.....

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Are you taking medicines ?      NO   YES   If so, which ones?.....

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Do you have any additional information ? .....

.....  
Date .....

Signature .....