



ANAESTHESIA CONSULTATION

(filled by the patient)

Full name:

Age:

Height:

Weight:

1. Treatment No

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2. Operations No

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3. Complications after anesthesia:

Patient: No

Relatives: No

4. Muscle diseases

Patient: No

Relatives: No

5. Hypertension Yes No

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6. Heart diseases No

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7. Lung and bronchial diseases No

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8. Liver diseases No

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9. Kidney diseases No

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10. Diabetes Yes No

11. Varicose veins of the lower extremities
 Yes No

12. Diseases of the nervous system No

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13. Mental illness Yes No

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14. Allergies No

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15. Other diseases, injuries No

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16. Smoking Yes No

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Patient's signature

ASA

The patient was classified for anesthesia

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Anesthesiologist's signature