				and the second second					
IAVE YOU EVER	Yes	No	HAVE YOU	Yes	No		OW TAKING, OR	Yes	No
LAD:			EVER HAD				EVER TAKEN,	35.33	
							FOLLOWING		
Diabetes			Shortness of			Aspirin (within	10 days)		
			breath						
Heart Attack			COPD			Blood Thinner	S		
angina or Chest Pain			Emphysema			Water Pills			
rregular Heart Beats			Asthma			Digoxin / Hear	rt Pills		
ligh Blood Pressure									
acemaker			Recent Fever,			Are you a smo	ker		
nternal Defibrillator			Chills, Flu,						1
			Cold or			# per day			
ins and/or Plates			Pneumonia in						
Rheumatic Fever or Heart	The Paris		past 7 days						
Aurmur			past / days						
welling of Ankles			TB	TB Alcohol U		Alcohol Use			
Anemia			Epilepsy						
Blood Transfusions			Stroke			How often			
Reactions to Blood			Numbness or						
Ceactions to Blood			Weak Limbs						-
Planding Duchlams	-	-	Fainting Spells						
Bleeding Problems	1		Kidney Trouble			Dentures			
H.I.V. Exposure			Jaundice,		-	Bentares			
Malignant Hyperthermia			Hepatitis or		1 3 3/1	un ertoles			
Sleep Apnea – Wears			Cirrhosis						
			CITTIOSIS						
CPAP	1								_
CPAP			Hiatus Hernia						
MEDICAL PROBLEMS N	OT LI	STED	Hiatus Hernia LIST PREVIO			S	HOSPITAL	DA	TE
MEDICAL PROBLEMS N	OT LI	STED			GERIE GERY:	SS	HOSPITAL	DA	TE
	OT LI	STED				S	HOSPITAL	DA	TE
MEDICAL PROBLEMS N	OT LI	STED				S	HOSPITAL	DA	TE
MEDICAL PROBLEMS N ABOVE	TOT LI	STED				S	HOSPITAL	DA	TE
MEDICAL PROBLEMS N ABOVE MEDICATIONS	OT LI		LIST PREVIO	SURC	GERY:				TE
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY:	OT LI	STED	LIST PREVIO	SURC	OU OR .	ANY RELATIVE	HAD A PROBLEM V		TE
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY:  Prescription Drugs	OT LI		LIST PREVIO	SURC HAVE YO	OU OR A	ANY RELATIVE	HAD A PROBLEM V		TE
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY: Prescription Drugs  Street Drugs		YE	LIST PREVIO	SURC HAVE YO	OU OR A	ANY RELATIVE	HAD A PROBLEM V		TE
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY: Prescription Drugs  Street Drugs  Over the Counter - Vitamins	s, herba	YE	LIST PREVIO	SURC HAVE YO	OU OR A	ANY RELATIVE S?YES ?	HAD A PROBLEM V	VITH	
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY: Prescription Drugs  Street Drugs	s, herba	YE	LIST PREVIO	SURC HAVE YO	OU OR A	ANY RELATIVE	HAD A PROBLEM V	VITH	TE
MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY: Prescription Drugs  Street Drugs  Over the Counter - Vitamins	s, herba	YE	LIST PREVIO	SURC HAVE YO	OU OR A	ANY RELATIVE S?YES ?	HAD A PROBLEM V	VITH	
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MEDICAL PROBLEMS NABOVE  MEDICATIONS  ARE YOU TAKING ANY: Prescription Drugs  Street Drugs  Over the Counter - Vitamins	, herba	YE SIS	LIST PREVIO	HAVE YOU	OU OR HETICS	ANY RELATIVE S?YES ?	HAD A PROBLEM VNO	VITH DOS	SAGE
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10 Angeline Street North Lindsay, ON K9V 4M8

## PREOPERATIVE QUESTIONNAIRE

\*Please complete fully prior to your Preoperative Assessment appointment\*

Patient's Name:	
Emergency Contact - Day of Surgery	

Upon arrival to the outpatient department, please have the person responsible for driving you home after your surgery, check with the outpatient nurse for a timeframe for your pick-up.