VISION CENTRE
DAY SURGERY

Surname:	
Given Name:	
Address:	
DOB:	
UR No#:	

OR AFFIX PATIENT LABEL HERE

ASK YOUR GP TO KINDLY COMPLETE THIS FORM PRIOR TO YOUR SURGERY
2nd AND SUBSEQUENT VISIT: Has there been a significant change in your health or general medication? You are only required to complete this form again if there have been changes

This form can be faxed: 07 55284338, emailed: daysurgery@eyesight.net.au or returned with you on your next visit to the Vision Centre.

Planned procedure: ..... Planned date: .....

Doctor's Name (or affix stamp):			Date of Assessment:		
			Weight (in Kilograms):		
			Height (in meters):		
Signature:			Blood Pressure:	BMI:	
PATIENT MEDICAL HISTORY: Please attach Health Summary or circle appropriate responses below.					
Cardiovascular disease	Y	N	Stroke	Y	N
High Blood Pressure	Y	N	Any problems with Anaesthetics?	Y	N
Diabetes: (Please tick) - Type 1 ❑ Type 2 ❑	Y	N	If yes, please give details:		
Asthma	Y	N	Ladies, could you be pregnant?	Y	N
Heartburn/Reflux	Y	N	Smoker? Current / Previously	Y	N
Epilepsy	Y	N	Risk of HIV/AIDS?	Y	N
Bleeding Tendencies/Blood Disorders	Y	N	Hepatitis A, B, C	Y	N
Any current or previous significant infections/febrile illness we should be aware of?	Y	N	Previous Laser Refractive Surgery?	Y	N
Have you been hospitalised in the last 30 days?	Y	N	If you circled yes for any of the above, please give further details or comment on any other relevant medical history:		
Please give details of any allergies or adverse reactions (*Food, Drugs, Insect bites):*					
Current Medication: .... **Previous Surgery:**			**Is the patient at risk of harm of falls? Y / N** **Any past history of DVT? Y / N** **Any past treatment of DVT: .....** **Anticoagulation recommendation: .....** **Fit for surgery: Y / N (details) .....**		
Name of Carer/Escort:			**Contact Phone Number:**		

CREUTZFELD- JAKOB DISEASE (CJD) QUESTIONNAIRE

Does the patient or any known family member have/is a carrier of CJD?	Y	N
Has the patient had a recent onset of progressive Dementia?	Y	N
Is the patient a recipient of human pituitary hormone (growth hormone or gonadotrophin)?	Y	N
Has the patient received a dura mater graft (brain tissue) between 1972 and 1989?	Y	N
VISION CENTRE STAFF ONLY: ***IF THERE IS A 'YES' RESPONSE TO ANY OF THE ABOVE CJD QUESTIONS YOU MUST NOTIFY THE TREATING SURGEON, ANAESTHETIST, MANAGER OF VCDS, AND ALL THEATRE STAFF IMMEDIATELY -***		

PRE-ANAESTHETIC QUESTIONS [P4]