

Dear Parents,

Your child is going to have out-patient surgery. The anaesthetist has the task of choosing the anaesthesia method which is best for your child, perform it and monitor your child during the first period after anaesthesia.

By answering the following questions with care, you can give us an idea of the health status of your child and help us do the best for your child's safety. In an interview with the anaesthetist, you will learn about the process and techniques of anaesthesia and monitoring as well as risks of anaesthesia. Ask us about everything you want to know in connection with anaesthesia!

Yours, the anaesthesia team Dr. med. Markus Full, Dr. med. Tobias Bohn, Dr. med. Maurice Pina – anästhesiepunkt.

Name _____

Date of birth _____

Street/house no. _____

Place of residence _____

Phone _____

Health insurance _____

General practitioner _____

Height and body weight: _____

Has your child had surgery before? yes no

What was the reason? _____

When? _____

Did anything out of the ordinary occur? yes no

What was that? _____

Have there been any incidents among blood relatives of your child

in connection with anaesthesia? yes no

What was that? _____

Is your child currently receiving medical treatment? yes no

For what disease? _____

Does your child take regular medicines? yes no

What kind? _____

Does your child currently suffer or has your child in the past suffered from one of the following diseases?

1. Heart disease (heart defect, arrhythmia, does your child turn blue under stress)? yes no

2. Cardiovascular diseases (too high or too low blood pressure)? yes no

3. Vascular diseases (impaired circulation, thrombosis, stroke)? yes no

4. Pulmonary diseases and diseases of the respiratory tract (TBC, silicosis, pneumonia, pulmonary emphysema, asthma, chron. bronchitis, sleep apnoea)? yes no

5. Liver diseases (jaundice, liver cirrhosis, hepatitis)? yes no

6. Kidney diseases (nephritis, kidney stones)? yes no

7. Diseases of the gastrointestinal tract (heartburn, stomach diseases, chronic intestinal disease)? yes no

8. Metabolic diseases (diabetes, thyroid)? yes no

9. Eye diseases (glaucoma/cataract)? yes no

10. Conditions of the nervous systems (epilepsy, paralysis, frequent headaches)? yes no

11. Diseases of the skeletal system (spine, joint diseases)? yes no

12. Congenital muscle diseases or muscle weakness, also if occurring in blood relatives, tendency to malignant hyperthermia? yes no

13. Blood diseases or coagulation disorders, also if occurring in blood relatives (frequent or extended nose bleed)? yes no

14. Is your child allergic to certain substances (medicines, patches, foods, latex)? yes no
What kind? _____

15. Infections of your child yes no
What kind? _____

16. Was your child vaccinated in the last 2 weeks? yes no
What kind? _____

17. Does your child have damaged teeth? yes no

18. Other special notes (premature birth, acute infections, ...)

Declaration of consent

Dr. _____ had an informative talk with me about the anaesthesia proceedings based on my answers. I was able to ask all questions I had - in particular regarding the type of the proceedings and the specific risks, pre- and follow-up treatment and any changes to the procedure. I have taken note of the parent information's contents.

I have no further questions.

I have the following questions:

Comments of the doctor on the informative task:

I received a copy of the consent sheet after the informative talk.

Date _____

Signature of the doctor

Signature of the parents
