



[Patient Label] or

Name: _____

Hospital No: _____

Sex / Age: _____

Pre-Anesthesia Patient Questionnaire

 是 否
 Yes No

	1. 曾否接受過麻醉? Did you receive anesthesia before?
	2. 在過去的手術或麻醉過程中曾否出現問題? Any problems with previous surgery or anesthesia?
	3. 親屬中, 對麻醉有不良反應嗎? Anyone in your family had abnormal reactions to anesthesia?
	4. 曾否住院? Have you been hospitalized before?
	5. 是否需要服用任何藥物? Are you taking any medication?
	6. 是否有吸煙的習慣? 若有, 每天吸食多少支煙? _____ Do you smoke? How many cigarettes _____ per day?
	7. 是否有喝酒的習慣? 若有, 每天大約飲多少? Do you drink alcohol? How much _____ per day?
	8. 是否對一些食物、藥物或其他東西有過敏反應? 請列出: _____ Do you have allergies to food, medicine or anything else? _____
	9. 是否有假牙、鬆牙? Do you have loose teeth, dentures, or caries tooth?
	10. 現正患有傷風或咳嗽嗎? Are you currently suffering from flu or cough?
	11. 是否正在懷孕?(女病人) Are you or could you possibly be pregnant? (For female patient.)
	12. 有可能或早產, 比預產期早 _____ 週 (5歲以下小童) Born prematurely? If so, by how many weeks? _____ (For children under 5 years old)

 是 否
 Yes No

是否有以下的問題?

Did you EVER have the following problems?

 是 否
 Yes No

	a. 心臟病/心臟雜音/心跳不規律 Heart problems/heart murmurs/irregular beats			n. 曾經接受輸血 Received blood transfusion before
	b. 心痛 Chest pain/angina			o. 胃病/胃酸倒流 Gastric problems/heartburn/GERD
	c. 高血壓 High blood pressure			p. 肝炎、黃疸或肝臟疾病 Hepatitis / jaundice / liver problems
	d. 夜間喘氣/足踝水腫 Waking up at night short of breath/ ankle swelling			q. 腎臟或膀胱疾病 Kidney / bladder problems
	e. 步行兩層樓梯會否氣喘 Shortness of breath after walking up two flights of stairs			r. 甲狀腺疾病 Thyroid problems
	f. 哮喘 Asthma			s. 糖尿病 Diabetes
	g. 支氣管炎 / 肺氣腫 Bronchitis / emphysema			t. 癲癇、抽搐 Epilepsy/fits / seizures
	h. 肺癆 Tuberculosis			u. 中風 Stroke
	i. 其他肺部疾病 Other lung disease			v. 暈眩 Fainting spells / dizziness
	j. 睡眠窒息症 Obstructive Sleep Apnea Syndrome (OSAS)			w. 肌失養症 Muscular dystrophy
	k. 貧血 / 地中海貧血 Anaemia / Thalassemia			x. 脊柱側彎 / 關節炎 Scoliosis/arthritis
	l. 流血難止或容易瘀腫 Excessive bleeding or bruising			y. 精神病 Psychiatric illness
	m. G6PD 缺乏症 / 先天性疾病 G6PD deficiency/other congenital problems			z. 智障 / 發展遲緩 / 殘疾 Mental retardation / developmental delay / physical disability
	* 如有其他健康問題, 請詳列 Do you have any other medical problems that we have not mentioned? Please state			

 是 否
 Yes No

日間手術病人適用 For Day Surgery patient only

	I. 手術後是否有成年人陪同回家? Will there be a responsible adult person to accompany you home after the operation?
	II. 回家後是否有成年人於廿四小時內照顧一切起居? Will there be a responsible adult person staying overnight with you after the operation?

Preoperative orders:
Fasting Time: _____

Medication No known drug allergy Drug hypersensitivity _____ **Signed:** _____

Prescription		Administration					
Date	Medication	Dose	Route	Frequency	Signature	Date/Time	Signature