



Szundizz Velünk

Mobil Aneszteziológiai és Tanácsadó Kft.

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Anesthesiology ambulant form

Name of the patient:	Maiden name:
Place of birth:	Year of birth:
Mother's name	Social security nr:
Address:	Phone nr:
Weight:	
Illnesses:	

Surgeries: _____

Regularly used medication: _____

Occasionally used medication: _____

Medicine allergies: _____

Food allergies: _____

Other allergies: _____

Alcohol consumption:	never	occasionally	regularly
Drug consumption:	never	occasionally	regularly
Smoking:	never	occasionally	regularly

Blood pressure:	/Hgmm	Pulse:	/Min.
Breathing:	/Min.		

ECG: _____

Chest x-ray: _____

Laboratory investigations: _____

Anticoagulants:	yes	no
Antibiotika Profilaxe:	yes	no

Go on dreaming, while we do the work.



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Time of meal/ drink:

The planned intervention in general anesthesia can be performed.

The planned intervention in general anesthesia can't be performed

Doctor's comments:

The anesthesiological ambulant check-up examinations have been carried out, the data and answers I have given are according to the truth.

Patient:

Examining doctor:

Date:

Go on dreaming, while we do the work.