

# Hälsodeklaration inför operation i Region Skåne

Kirurgicentrum Skåne

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Name: ..... Mobile phone: .....

Social security number: ..... E-mail address: .....

Next of kin (name, number): ..... Vårdcentral: .....

NEJ JA

NEJ JA

Do you have any kind of heart disease? (previous heart attack, chest pain, valvular disease, heart murmurs etc.)			Have you been admitted to a hospital? For what reason?		
Do you have high blood pressure or medicate for high blood pressure?			Have you had previous surgery? What kind?		
Do you experience shortness of breath or chest pain with light physical effort?			Have you had previous general or regional anesthesia?		
Do you have any kind of lung disease? (asthma, COPD etc.)			Have you or any relative had any anaesthesia-related problems? Which?		
Do you smoke? If yes, how much?			For women: is there a possibility that you might be pregnant?		
Do you have diabetes? Which kind of treatment?			Have you had any kind of thrombosis? Where?		
Do you have any kind of kidney disease?			Do you easily bleed?		
Do you have any kind of liver disease?			Do you have any neck problems?		
Do you have any kind of joint, nerve or muscular disease (arthritis, epilepsy, multiple sclerosis, myasthenia)?			Do you have any problems with opening your mouth?		
Do you have any chronic blood borne disease (e.g. HIV or hepatitis)?			Are you allergic to anything? If yes, what?		
Do you easily become travel sick?			Do you have any other kind of disease or disorder? Which?		

Length: ..... cm      Weight: ..... kg      BMI: .....

**Do you take any medicines? Which kind(s) and in what dosage and intervals?**

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**Is there any other information that might be relevant to future surgery?**

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Date: .....      Signature: .....