

Dr Wilson Lim
Specialist Anaesthetist

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| |
|---------------------------|
| Date: |
| Patient Reference Number: |

PRE-ANAESTHETIC MEDICAL QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Please click on the submit button at the end of the form or email the form to drwlim187@gmail.com

PATIENT INFORMATION

| | |
|------------------------------------|--|
| Surname: | |
| Given names: | Title: |
| Residential Address: | Suburb: |
| | State: |
| | Postcode: |
| Referring Surgeon: | Date of Surgery: |
| Gender: | Date of Birth: |
| Private Health Fund / Vet Affairs: | Private Health Fund Number / Vet Affairs Number: |
| Medicare Number: | Reference Number on Medicare Card: |
| Operation: | |
| Mobile Phone: | Home Phone: |
| Email Address: | |

WORKER'S COMPENSATION CLAIM DETAILS (ignore if not applicable)

| | |
|------------------------------|-----------|
| Insurance Company: | |
| Address of Insurance Company | Suburb: |
| | State: |
| | Postcode: |
| Date of Accident: | |
| Claim Number: | |
| Name of Employer: | |
| Address of Employer: | Suburb: |
| | State: |
| | Postcode: |

PRIVATELY FUNDED OR UNINSURED (ignore if not applicable)

If you are a privately funded or uninsured patient please tick this box:

If you are privately funding your procedure, or are not currently covered for the procedure by a Private Health Fund or Insurance Company, please complete the form to the best of your ability (ignoring the information regarding health funds and workers compensation claims).

Once you have completed the form, please contact our offices on +61 408 008 002 to discuss your account. This must be done **at least a week before your surgery**, otherwise there may be a delay.

MEDICAL HISTORY

Please tick the box if you have any of the following conditions:

Do you have chest pains during normal daily activities?

Do you have shortness of breath during normal daily activities?

Do you bring up coloured sputum when you cough?

Do you have high blood pressure (or are currently on treatment)?

Do you have asthma?

Do you have diabetes?

Have you ever had a stroke?

Have you ever had a heart attack?

Do you have Rheumatic fever or a heart murmur?

Do you have acid reflux or can you taste acid in your throat?

Do you smoke?

Do you have crowns, caps, bridges or dentures?

Do you have any other medical problems?

Please specify other medical problems:

Do you have any allergies?

Please specify your allergies:

Are you taking any blood thinning medications? (e.g. warfarin, aspirin, clopidogrel, pradaxa)

Have you had any problems with anaesthetics that you have had in the past?

Please specify anaesthetic problems:

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FASTING INSTRUCTIONS

Inhalation of stomach contents is very dangerous. Adequate fasting is vital for a safe anaesthetic. You should fast even if you have having a local anaesthetic, as you never know if another type of anaesthetic may be necessary.

If your procedure is scheduled for the **morning**, please do not have anything to eat or drink from **midnight** the night before

If your procedure is scheduled for the **afternoon**, please do not have anything to eat or drink from **0600hrs**

You may have a sip of water in order to take your usual medications, if necessary.

ANAESTHETIC OPTIONS

You may be offered a **local anaesthetic, spinal or epidural anaesthetic or general anaesthetic**. Dr Lim will ask you about your medical history and with his advice and consultation you can decide on an appropriate choice of anaesthetic.

Please feel free to ask questions when you see Dr Lim in relation to your procedure and anaesthetic.

YOUR ACCOUNT:

In most cases, your Private Health Fund will fully cover the cost of your anaesthetic. Please ring the office to discuss your account if you have any questions. To ensure that your account is processed efficiently, please double-check your details on this form.

If you are a submitting a **worker's compensation claim**, it is your responsibility to ensure that your claim is valid, and the insurance company is aware that they will be receiving an invoice.

If you are a **privately funded or uninsured patient**: please contact our office **at least one week prior to your procedure** to ensure payment is made. If you do not do so this may delay your surgery.

THANK YOU FOR YOUR ASSISTANCE IN FILLING OUT THIS QUESTIONNAIRE

If you have any further questions please don't hesitate to contact our office on **0408 008 002** or via email at drwlim187@gmail.com

SUBMIT THIS DOCUMENT BY CLICKING [HERE](#)

If you are having trouble submitting the form with the above link you can:

- Print and send the form in the post to: PO Box 187, Gelorup 6230
- Print and fax the form to: (08) 9716 7477
- Save and attach the form and email it to: drwlim187@gmail.com